



Nevada Department of Taxation  
Request for Appraiser's Certification Examination and Application  
for Property Tax Appraiser's Certification

Return this form to:  
Division of Local Government Services  
1550 College Parkway  
Carson City, Nevada 89706

**Please Print or Type:**

**APPLICANT INFORMATION**

NAME OF APPLICANT				TITLE	
BUSINESS MAILING ADDRESS (STREET ADDRESS OR P.O. BOX)				EMAIL ADDRESS	
CITY	STATE	ZIP CODE	DAYTIME PHONE ( )	ALTERNATE PHONE ( )	FAX NUMBER ( )
SPONSORING TAX AGENCY				DATE OF HIRE BY SPONSORING TAX AGENCY	
TAX AGENCY CONTACT NAME				CONTACT PHONE NUMBER	

**EXAM REQUEST - CHECK ALL THAT APPLY (The review class will be held the day before the exam.)**

Review Class     General Exam     Real Property Exam     Personal Property Exam

\_\_\_\_\_ Date or Location of Exam

**PROFESSIONAL DESIGNATION**

I have earned a professional designation and hereby request the Department to waive the requirement to take the following exams. *(Supporting documentation must be enclosed.)*

Real Property Exam     Personal Property Exam     Not Applicable

**SIGNATURES**

▶ \_\_\_\_\_ Date \_\_\_\_\_  
Applicant Signature (Use blue ink)

**VERIFICATION OF EMPLOYMENT, TO BE COMPLETED BY HIRING AUTHORITY**

By my signature below, I verify the applicant is currently an appraiser of the sponsoring tax agency named above and the job duties specified and date of hire are true and correct.

▶ \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Hiring Authority Representative (Assessor or Department)

For Department Use Only				
EXAMINATION DATE	SCORE	PROOF OF DESIGNATION ATTACHED	DATE OF PERSONAL PROPERTY CERTIFICATION	DATE OF REAL PROPERTY CERTIFICATION
Verified by:				
▶ _____ Title _____ Date _____		Division of Local Government Services		