Form 5308LGS

Nevada Department of Taxation

Application for Temporary Appraiser 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*

PLEASE MARK THE APPROPRIATE RESPONSE **(Failure to mark one of the three will result in denial of appraiser certification.)**

☐ **I am not subject to a court order for the support of a child.**

☐ **I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order**

☐ **I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for repayment of the amount owed pursuant to the order.**

_____
Name (Print)

_____
County

_____
Social Security Number

Do you have a state business license? Yes ☐ No ☐
If yes, what is your state business license number? _____

SIGNATURES

▶ _____ _____
Applicant Signature (Use Blue Ink) Date

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.

▶ _____ _____ _____
Hiring Authority Representative (Assessor or Department) Title Date

For Department Use Only

TEMPORARY CERTIFICATION BEGINNING DATE	TEMPORARY CERTIFICATION ENDING DATE	DATE CERTIFICATION WAS SENT TO APPLICANT

Verified by:

▶ _____ _____ _____
Division of Local Government Services Title Date