**Form 5310LGS**

Nevada Department of Taxation

# Property Tax Appraiser Continuing Education New Course Application

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

***Please Print or Type:***

**COURSE INFORMATION (A person who wishes to receive contact hours for a course of continuing education that has not been previously approved by the Department must apply to the Department for such approval BEFORE taking the course.)**

| *Name of Requester* | *Title* |
|---|---|
| *TITLE OF COURSE* | |
| *DELIVERY METHOD – CHECK ONE*<br>☐***Classroom*** ☐***Internet*** ☐***Home Study*** | *SPONSORING ORGANIZATION* |

**1. Course objective:**

_____

_____

_____

**2. What are the expected hours of instruction?**_____

**3. What is the expected completion date?**_____

**SUBJECT CLASSIFICATION - CHECK ALL THAT APPLY**

- ☐ **Mass Appraisal Concepts and Applications**
- ☐ **IAAO Standards**
- ☐ **Residential Appraisal**
- ☐ **Commercial /Industrial Appraisal**
- ☐ **Unitary/Centrally Assessed Property Appraisal**
- ☐ **Principles of Accounting**
- ☐ **Principles of Finance**
- ☐ **Application of Nevada Statutes or Regulations**
- ☐ **Appraisal and Assessment Standards of the Nevada Department of Taxation**
- ☐ **Geographic Information Systems, Mapping Techniques**
- ☐ **Laws Relating to Real Estate, Water, or Mining**
- ☐ **Professional Ethics**
- ☐ **Administrative Procedures**
- ☐ **Other**

**If other, please describe why the course is applicable to appraisal for property tax purposes.**

_____

_____

**REQUIRED MATERIALS TO BE SUBMITTED WITH APPLICATION:**

- ☐ **Detailed Course Outline or Syllabus**
- ☐ **Books or Course Materials**

**SIGNATURE**

▶_____ _____
Requestor Signature (Use Blue Ink) Date

**For Department Use Only**

| NUMBER OF CREDIT HOURS GRANTED | NUMBER OF CREDIT HOURS APPEARING ON TRANSCRIPT | MILESTONE APPLIED TO: | TOTAL CE'S FOR THIS MILESTONE | REASON FOR DENIAL OF CREDIT, IF ANY |
|---|---|---|---|---|
| | | | | |

**Verified by:**

▶_____ _____ _____
Division of Local Government Services Title Date