



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 PO BOX)				EMAIL ADDRESS	
CITY	STATE	ZIP CODE	DAYTIME PHONE ()	ALTERNATE PHONE ()	FAX NUMBER ()
SPONSORING TAX AGENCY					
TAX AGENCY CONTACT NAME				CONTACT PHONE NUMBER	

EXAM REQUEST - CHECK ALL THAT APPLY (If there is a review class, it 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

Applicant Signature _____
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.

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

For Department Use Only			
EXAMINATION DATE	SCORE(S)	DATE OF PERSONAL PROPERTY CERTIFICATION	DATE OF REAL PROPERTY CERTIFICATION
Verified by:			
_____ <i>Division of Local Government Services</i>		_____ <i>Title</i>	_____ <i>Date</i>