



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:

1. 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				DATE APPRAISAL DUTIES BEGAN	
TAX AGENCY CONTACT NAME				CONTACT PHONE NUMBER	

2. PURSUANT TO NRS 361.2224, CHILD SUPPORT STATEMENT – PLEASE MARK THE APPROPRIATE RESPONSE (Failure to do so 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

3. PURSUANT TO NRS 361.2227, BUSINESS LICENSE

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

4. SIGNATURES (By Signing, I certify to take the exam(s) before my temporary certificate expires.)

▶ _____
 Applicant Signature Date

5. VERIFICATION OF EMPLOYMENT – TO BE COMPLETED BY HIRING AUTHORITY (No work can be performed in county without authorization signature.)

By my signature below, I verify the applicant is currently an appraiser of the sponsoring tax agency and date of employment 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