Nevada Department of Taxation

Request For Appraiser's Certificate Examination And Application for Property Tax Appraiser's Certification

To be completed by Applicant:

Applicant Name:_____

Business Mailing Address:

_____

Street Address or P.O. Box City State Zip

Telephone:_____ **Fax:**_____ **E-mail address:**_____

Sponsoring tax agency:_____

Tax agency contact name:_____ **Contact phone number:** _____

Date of hire by sponsoring tax agency:_____ **Job title:**_____

Duties of the position:_____

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