Nevada Department of Taxation

Application for Temporary Appraiser Certification

Request by State or County New Hire

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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