



**Nevada Department of Taxation**  
**Application for Temporary Appraiser Certification**

Return this form to:  
 Division of Local Government Services  
 3850 Arrowhead Dr., 2nd Floor  
 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

<b>For Department Use Only</b>		
TEMPORARY CERTIFICATION BEGINNING DATE	TEMPORARY CERTIFICATION ENDING DATE	DATE CERTIFICATION WAS SENT TO APPLICANT
<b>Verified by:</b>		
▶ _____ Division of Local Government Services	_____	_____
	Title	Date