

Please Print Legibly or Type:

Name: _____

Jurisdiction: _____ Title: _____

Course name: _____

Sponsoring organization: _____

Date of program: _____

Location: _____

Hours of credit requested: Tested _____ Non-Tested _____

(ATTACH TEST RESULTS)

Are the hours for an online course? Yes _____ No _____

CERTIFICATION:

I certify that I have attended the indicated sessions of the above-described program for which I am applying credit.

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this document, and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Applicant: _____ Date: _____

Signature of Instructor or Sponsoring Official: _____

Mail To: Assessor Education
Property Tax Division
Iowa Department of Revenue
PO Box 10469
Des Moines, IA 50306-0469