

APPLICATION FOR CONTINUING EDUCATION CREDIT

ASSESSOR/DEPUTY ASSESSOR FORM

Please Print or Type Legibly:

Name: _____

Jurisdiction: _____ Title: _____

Course Name: _____

Sponsoring Organization: _____

Date of Program: _____

Location: _____

Hours of Credit Requested: Tested _____ Non-Tested _____
(ATTACH TEST RESULTS)

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ATTENDANCE CERTIFICATION:

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

Signature of Applicant _____

Date _____

**Signature of Instructor
Or Sponsoring Official** _____

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Mail To: Assessor Education
Iowa Department of Revenue
Property Tax Division
Hoover State Office Building
1305 E. Walnut Street
Des Moines, IA 50319