

CT CTT CTT

ACCREDITATION RENEWAL

Office Use Only
☐ Renewal Approved
☐ Renewal Denied
Comments:

SECTION I ◆	Please Print	for Type 🔷 🔷					
Applicant's Name:	Last	First			3.6'.1	11	
Mailing Address:	2400		First		Midd	ile	
City:		State:	Zip Code:				
E-mail Address:			_ Work Phone:				
Employed by:		County Assessor's Office					
		Other (please note)					
SECTION II Ac	creditation Cer	rtificate Information					
Accreditation Certificate No:			Issue Date:				
	(This inform	nation appears on your curren	t Accreditation	Certificate)			
SECTION III C	ontinuing Edu	cation – 15 classroom hours m	inimum				
hour continuing educ	cation renewal r f of attendance	llowing approved courses, semi requirement for accreditation (Was for each course listed must be of processing.	AC 458-10-050)	. A copy of t	he certifica	ate of	
	rs (5 hours max	imum allowed) from your previ	ous renewal perio	od are being u	ised this ren	ıewal	
** If the education h for this renewal p	nours for this respectively.	newal period exceed the require	d 15 hours, pleas	e identify only	y the hours		
Course Title		Course Sponsor	Dates Attended	Total Classroom Hours	* Carry Over Hours	** Hours This Period	
I have successfully c	ompleted Unifo	orm Standards of Appraisal Prac	tice (USPAP).	Yes [] No		
		If yes	, completion date	.			
Applicant's Signature				Date			

Return to:

Department of Revenue Property Tax Division PO Box 47471 Olympia WA 98504-7471 Phone: (360) 534-1361 or 534-1360

Email: DORPropertyTaxEducation@dor.wa.gov