APPLICATION FOR STATE CERTIFICATION
CADASTRAL SPECIALIST

Name_____

Address_____

City_____ State_____ Zip Code_____

Employed by_____

The above applicant has worked for _____County as a Cadastral Specialist Trainee for

_____years, _____months.

_____ _____ _____
Signature of Assessor **County** **Date**

Cadastral Specialist Certification, as set forth in §63-105A (17), Idaho Code, must satisfactorily complete the Tax Commission's Basic Mapping Course **and** IAAO Course 600 or IAAO Course 601 or IAAO Course 650 and 651 or equivalent courses, and must have a minimum of twelve (12) months experience working as a cadastral specialist in Idaho or equivalent cadastral experience approved by the examination committee. These requirements must be completed in the five (5) year period immediately preceding application except when the applicant proves equivalent education and experience.

TAX COMMISSION OR IAAO-SPONSORED COURSES COMPLETED

DATE	COURSE TITLE	COURSE NUMBER

APPLICATION MUST INCLUDE COPIES OF COURSE CERTIFICATES

For courses being submitted to the examination committee as equivalent courses, a copy of the certificate or other such document, as proof of successful completion must be submitted.

_____ _____
Signature of Applicant **Date**

APPLICATIONS MUST BE RETURNED TO:

EDUCATION DIRECTOR
COUNTY SUPPORT DIVISION
IDAHO STATE TAX COMMISSION
P.O. BOX 36, BOISE, ID 83722

FOR EXAMINATION COMMITTEE USE ONLY

Date Received_____ **Application No.**_____

Examination Committee Approval_____

Date Certificate Sent_____

Rev: 05/2009