## STATE OF IDAHO

## APPLICATION FOR STATE CERTIFICATION MAPPING/CARTOGRAPHY

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
EMPLOYED BY		
In order to receive mapping certif	ication, the candidate mu	ıst:
• Satisfactorily pass the State year of experience in mapp		Mapping course followed by one
* <del>-</del>	es and Techniques of Ca	nediate Mapping course, or dastral Mapping), followed by
FXPFRI	ENCE REQUIREMI	FNTS
<u> EXI EXI</u>	EIVEE REQUIREM	
The above applicant has worked for in mapping/cartography forindicate the dates of	years,months.	(employer) In the blanks provided, please
employment. FromMM/Y	Y toMM	M/YY ·
Signature of Assessor or	County	Date

**STC Representative** 

## **EDUCATION REQUIREMENTS**

DATE	COURSE TITLE AND NUMBER	SPONSOR

## PLEASE SUBMIT COPY OF MAPPING COURSE CERTIFICATES LISTED WITH APPLICATION.

For courses being submitted to the examination committee as equivalent courses, please submit a *Continuing Education Report*, as well as a copy of the certificate or other such document, as proof of successful completion of the course.

Signature of Applicant	Date

APPLICATIONS MUST BE RETURNED TO:
EDUCATIONAL DIRECTOR, STATE TAX COMMISSION
PROPERTY APPRAISAL BUREAU
P.O. BOX 36
BOISE, ID 83722-0320
TELEPHONE (208) 334-7733

FOR CERTIFICATION COMMITTEE USE ONLY			
Date Received	Application No	Date Certification sent	
Certification Committee Approval			