

**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
PROPERTY TAX 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 _____