



New York State Department of Taxation and Finance
 Office of Real Property Tax Services
 Educational Services
 W A Harriman Campus
 Albany NY 12227
www.tax.ny.gov
 Phone: (518) 474-1764; Fax: (518) 435-8628

Application for Qualifications Review

Applicants are advised that all statements made by them in conjunction with their application for qualifications review are subject to investigation and verification. Answer **all** requested information on this form.

Please note: Applicants must meet qualification standards **before** appointment to the office of sole appointed assessor and county director. See <http://www.tax.ny.gov/research/property/assess/training/qualcert/index.htm>

Applicant's information

 First name Middle initial Last name e-mail address

 Street address

 City, town, or post office State ZIP code (include + 4)

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
 Work phone no. (with area code) Home phone no. (with area code) Fax number (with area code)

Applicant's education information *(Applicant must complete. If not applicable, write N/A)*

High School or GED equivalency: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name and location of school	Year graduated/ GED issued
---	-----------------------------	-------------------------------

Name and location of post- secondary education	Dates of attendance	Number of years credited	Type of course or major subject	Number of credits received	Type of degree awarded	Date degree rec'd or expected

Professional designation (e.g., IAO, MAI, CAE, ASA, SRPA,...)	Name of designation held <i>(attach proof of awarding of designation):</i>
--	--

Professional license number <i>(attach copy):</i> #	Expiration date:
--	-------------------------

Other appraisal training: Certain appraiser licensing, IAO, IAAO, and Appraisal Institute courses have been approved as components of the basic course of training. If you have successfully completed approved valuation courses, please attach a copy of your proof of successful completion.

Check box: Yes, I am requesting a review of attached course certificates.

Applicant's job experience: Provide information about your appraisal, assessment, valuation-related or administrative experience involving the responsibility of planning, organizing, and directing a work program. It shall be the responsibility of the applicant to provide detailed and verified documentation of such experience, including work schedules and samples of finished products. **Do not include unrelated work experience.** Beginning with the most recent, describe below in detail all satisfactory paid experience in an occupation involving the valuation of real property such as appraiser, valuation data manager, real property appraisal aide, etc. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions and vagueness will not be interpreted in your favor. If you have had more than one of the jobs described above, photocopy this section to provide details on your additional work experience.

Your most recent (or current) job title	Length of employment ____ / ____ to ____ / ____ (month/year required)
Name & type of business/government	
Name & title of your supervisor	Phone no. (with area code)
Number of hours worked per week	Percent of time spent in assessment/valuation duties _____%

Describe job duties: What is the nature of the work personally performed by **you**? Describe your assessment, valuation, and appraisal-related work below. Be specific. You may supplement your application with signed valuation/appraisal estimates, comparative sales analysis reports, official job description, and resume.

Applicant requests that this application to be reviewed for the qualification standards of the position checked below. **Mark an X in one box.** This application must be submitted with a cover letter from the appointing authority when requesting a qualifications review for Director, Assessor, and Real Property Appraiser. Applicants for the Candidate for Assessor Program may submit their own applications.

<input type="checkbox"/> Director of County Real Property Tax Services	<input type="checkbox"/> Appointed Sole Assessor
<input type="checkbox"/> Real Property Appraiser	<input type="checkbox"/> Candidate for Assessor Program offered by ORPTS

Currently held position _____ Date began _____

This affirmation must be completed: **I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury.**

Signature of applicant _____
Date