



**Nevada Department of Taxation**  
**Request for Appraiser's Certification Examination and Application**  
**for Property Tax Appraiser's Certification**

Return this form to:  
 Division of Local Government Services  
 3850 Arrowhead Dr., 2nd Floor  
 Carson City, Nevada 89706

**Please Print or Type:**

**APPLICANT INFORMATION**

NAME OF APPLICANT				TITLE	
BUSINESS MAILING ADDRESS (STREET ADDRESS OR PO BOX)				EMAIL ADDRESS	
CITY	STATE	ZIP CODE	DAYTIME PHONE ( )	ALTERNATE PHONE ( )	FAX NUMBER ( )
SPONSORING TAX AGENCY					
TAX AGENCY CONTACT NAME				CONTACT PHONE NUMBER	

**EXAM REQUEST - CHECK ALL THAT APPLY (If there is a review class, it will be held the day before the exam.)**

- Review Class       General Exam       Real Property Exam       Personal Property Exam

\_\_\_\_\_   
*Date or Location of Exam*

**PROFESSIONAL DESIGNATION**

**I have earned a professional designation and hereby request the Department to waive the requirement to take the following exams. (Supporting documentation must be enclosed.)**

- Real Property Exam       Personal Property Exam       Not Applicable

**SIGNATURES**

▶ \_\_\_\_\_   
*Applicant Signature*      \_\_\_\_\_   
*Date*

**VERIFICATION OF EMPLOYMENT – TO BE COMPLETED BY HIRING AUTHORITY**

**By my signature below, I verify the applicant is currently an appraiser of the sponsoring tax agency.**

▶ \_\_\_\_\_   
*Hiring Authority Representative (Assessor or Department)*      \_\_\_\_\_   
*Title*      \_\_\_\_\_   
*Date*

<b>For Department Use Only</b>			
EXAMINATION DATE	SCORE(S)	DATE OF PERSONAL PROPERTY CERTIFICATION	DATE OF REAL PROPERTY CERTIFICATION
<b>Verified by:</b>			
▶ _____ <i>Division of Local Government Services</i>		_____ <i>Title</i> _____ <i>Date</i>	