

STATE OF TENNESSEE



STATE BOARD OF EQUALIZATION

9TH FLOOR, W.R. SNODGRASS TN TOWER
 312 ROSA L. PARKS AVENUE
 NASHVILLE, TENNESSEE 37243-1102
 PHONE (615) 401-7883

REGISTRATION NUMBER

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APPLICATION FOR AGENT REGISTRATION

A non refundable fee of \$200.00 must accompany this application which will cover two (2) years of registration. Attach personal check, certified check, or money order (no cash) and make payable to the *Comptroller of the Treasury*. Return this form with your payment to:

Office of Management Services
 James K. Polk State Office Building
 505 Deaderick Street, Ste. 1400
 Nashville, TN 37243-0261

Tennessee Code Annotated Section 67-5-1514 and State Board of Equalization rules (Chapter 0600-6 Agent Registration Program) govern the registration of agents.

Qualifications: There are three general areas of qualification for agent registration: education (120 hours), experience (4 years) and examination (Tennessee Certified Assessor exam). Please complete this application completely to indicate your attainment of these qualifications. In limited instances a professional designation may be recognized by the Board in lieu of other qualifications. You should contact the Board for details (on the web, www.comptroller.state.tn.us/cpdivsb).

**OFFICIAL USE ONLY
 DO NOT WRITE IN THIS SPACE**

Application Approved By _____

Comments _____

Part 1. Identifying Information

LAST NAME	FIRST NAME	M/I
MAILING ADDRESS		APT. NO.
CITY	STATE	ZIP CODE
AREA CODE:	HOME PHONE	AREA CODE: BUSINESS PHONE
SOCIAL SECURITY NUMBER		

Part 2. Educational Qualifications

List below any courses for which educational credit is claimed (minimum 120 classroom hours, successfully completed). Attach copy of official transcript or other report of institution reflecting institution office address and phone number, course name, credit hours, and whether course was successfully completed.

INSTRUCTIONS: If you claim qualification by approved professional designation proceed directly to **Part 5**.

NAME AND CITY / STATE LOCATION OF SCHOOL	DATE ATTENDED		NO. OF HOURS	COURSE NAME
	From Mo / Yr	To Mo / Yr		

Part 3. Experience Qualification (minimum four years needed). Please list the following information concerning experience in detail for which you claim qualifying credit (most recent first):

a. From _____ To _____
 Dates of experience Your position or title

 Company Name

 Address

 Phone Supervisor, if any

Name, address, and phone no. of persons familiar with your appraisal work:

b. Please list any additional experience for which qualifying credit is claimed, using the above format and additional sheets you attached to this application.

Part 4. Tennessee Certified Assessor Examination

 Date of examination Grade

Part 5. Professional Appraisal Designation or Licenses. To serve as the basis of qualification, your designation or license must be among those approved for such purpose by the State Board of Equalization for the period for which registration is made. *This is a limited category and the applicant should contact the Board before submitting an application on this basis.*

TYPE OF CERTIFICATION	NUMBER	ORIGINAL ISSUE DATE	CURRENT EXPIRATION DATE	ISSUED BY

Part 6. Certification of Application. The undersigned hereby certifies that he has read the foregoing application and attachments and that they are true to his knowledge. Further, the undersigned hereby consents to release of any information concerning education or experience claimed herein from any persons or institutions identified in connection with such claims. If this is a renewal application, applicant certifies that any professional designation claimed previously for purposes of registration, remains valid and in effect.

 Applicant Signature Date