



# Application for Certified Cadastralist of Florida

## Property Tax Oversight Program Florida Department of Revenue

Applications must have the signature of the Program Director,  
Property Appraiser (or designee) below.

Property Tax Oversight  
Training Section

Post Office Box 3294

Tallahassee FL 32315-3294

\_\_\_\_\_  
Signature

**\$35 Fee must be enclosed for application to be processed**

(Make checks payable to Florida Department of Revenue)

\_\_\_\_\_  
Title

**PRINT YOUR FULL NAME AS YOU WOULD LIKE IT TO APPEAR ON THE CERTIFICATE**

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

E-mail Address \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Employed By \_\_\_\_\_

Job Title \_\_\_\_\_

Name of High School \_\_\_\_\_ Graduated?  Yes  No

Name of College \_\_\_\_\_ Graduated?  Yes  No

Professional Organizations (in cadastral mapping) \_\_\_\_\_

List below all mapping courses and **enclose a copy of the certificate of completion** \_\_\_\_\_

Professional Designations \_\_\_\_\_

*Please list below your experience with The Florida Department of Revenue and/or Florida County Property Appraiser Office*

Name of Employer \_\_\_\_\_

Your Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name of Employer \_\_\_\_\_

Your Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

I hereby certify the statements and documents contained herein are correct for the Certified Cadastralist of Florida designation. I understand that the professional designation for which this application is made may not be used upon leaving employment with a Florida county property appraiser's office, tax collector's office, or the Florida Department of Revenue.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_