



Application for Continuing Education Credit Hours



Name

Certified Florida Appraiser Collector
(Please check appropriate box)

County/Office/Title

Title of Educational Program

Location

Course Length
(In hours - see below)

Date of Program

Signature of Instructor or Sponsor Representative

I hereby certify that I have attended this program for the number of hours indicated:

Signature of Applicant

Class Hours Completed

Certified Florida Appraisers/Collectors may remit this form upon course completion.

Please remit the form to:

ptotraining@floridarevenue.com