



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)
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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

Please remit the form to: PTOTraining@FloridaRevenue.com