Form DR-4001 for CFEs, CCFs, and CFCAs

Check the Annual		Reason for Applying
Recertification box.		Initial Certification - \$25 fee 📝 Annual Recertification - \$5 fee 🗌 Reinstatement of Certification - \$5 fee
Recentification Dox.		Applicant Information
	٦	Applicant's name (as you would like it to appear on the certificate): Your Name
Enter your information.		Business email address: youremail@email.com Business phone number: 850-555-5555
		Job title: Your title
	L	Employed by: County name Property Appraiser/ Tax Collector Office
Check the box(es) for your		I have completed the required hours of approved courses and passed any required examinations for the certification, recertification, or reinstatement for the following designation:
		Certified Florida Appraiser 🗹 Certified Florida Evaluator 🗹 Certified Cadastralist of Florida
designation.		Certified Florida Collector Certified Florida Collector Assistant
		Experience for Certification – If you are applying for your initial certification, list at least two years' experience in a Florida property appraiser's office, Florida tax collector's office, or with the Florida Department of Revenue (attach additional pages as necessary). If you are applying for recertification or for reinstatement, provide your current employer and employment dates.
Enter your current		Employer: County Property Appraiser/ County Tax Collector
-		Your Title: Your title Employment Dates: 03/01/1998 - current
employer and dates of		Employer:
your employment.		Your Title: Employment Dates:
	I	Approved Courses – List each course you have successfully completed for the certification, recertification, or reinstatement for which you are applying (attach additional pages as necessary). Attach documentation verifying completion of each approved course. If you are substituting your Certified Residential Appraiser license or Certified General Appraiser license issued by the Florida Real Estate Appraisal Board for one or more courses, list your license number and license type below. Attach a copy of the license.
		No. Course Title Hours No. Course Title Hours
		DO NOT COMPLETE THIS SECTION
		Applicant Signature
		I am requesting approval for Florida professional certification, recertification, or reinstatement. I certify that all of the information provided on this form and any attachments are true and correct to the best of my knowledge.
Sign and date		Signature: Date: 01/06/2023

