



APPLICATION FOR APPROVAL OF COURSE OR CONTINUING EDUCATION CREDIT HOURS

Property Tax Oversight (PTO) Certification and Training

Complete and submit this form to the PTO Certification and Training team at least 30 days before the course. Courses taken must relate to course criteria found in Rule 12-9.003(4), F.A.C., for property appraiser training and 12-9.003(3), F.A.C., for tax collector training.

APPLICANT INFORMATION							
Applicant's name	County						
Business email address	Business phone number						
Check one: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Certified Florida Appraiser</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Certified Collector Assistant</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Certified Florida Evaluator</td> <td style="border: none;"><input type="checkbox"/> Certified Cadastralist of Florida</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Certified Florida Collector</td> <td style="border: none;"></td> </tr> </table>		<input type="checkbox"/> Certified Florida Appraiser	<input type="checkbox"/> Certified Collector Assistant	<input type="checkbox"/> Certified Florida Evaluator	<input type="checkbox"/> Certified Cadastralist of Florida	<input type="checkbox"/> Certified Florida Collector	
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<input type="checkbox"/> Certified Florida Evaluator	<input type="checkbox"/> Certified Cadastralist of Florida						
<input type="checkbox"/> Certified Florida Collector							

CONFERENCE AND COURSE INFORMATION				
Attach course agenda or conference schedule, course outline, and course descriptions				
Conference name	Date(s)			
Course name(s)	Course hours	Anticipated Instructors/Qualifications	Approved Course Hours	Completed Hours

(Add a separate sheet if necessary.)

APPLICANT SIGNATURE	
I am requesting approval of course(s) as indicated above. I certify all information on this form and any attached statements, schedules, etc., are true and correct to the best of my knowledge.	
Signature	Date

Send this form to: **Property Tax Oversight** Or email to: PTOtraining@floridarevenue.com
 ATTN: Certification and Training
 P.O. Box 3294
 Tallahassee, FL 32315-3294

DEPARTMENT REVIEW		
The Department's Executive Director or designee has reviewed the application and course content. The application is	<input type="checkbox"/> Granted	<input type="checkbox"/> Denied
Signature	Date	Total hours approved

APPLICANT SIGNATURE UPON COMPLETION OF COURSE(S)		
I certify that I have satisfactorily completed the course(s) indicated above, including being in attendance for the required number of course hours and passing any applicable exams.		
Signature	Date	Total Hours Completed