



International Association of Assessing Officers
Certificate of Excellence in Assessment
Administration Application



Contact Name _____
 Jurisdiction Name _____
 Address _____
 City _____ State/Province _____ Country _____ ZIP/Postal Code _____
 Phone _____ Fax _____
 E-mail _____ Total Real & Personal Property Parcels & Accounts Number _____
 Date _____ Assessment Year of Compliance _____

Jurisdiction Size
(including both Real & Personal Property)

	Less than 25,000 Parcels & Accounts	25,001–99,999 Parcels & Accounts	More than 100,000 Parcels & Accounts	
<input type="checkbox"/> Application Fee	\$100	\$100	\$100	_____
<input type="checkbox"/> Evaluation Fee	\$250	\$500	\$1,000	_____
<input type="checkbox"/> Annual Renewal Fee	\$100	\$100	\$100	_____
<input type="checkbox"/> 5-Year Recertification Fee	\$250	\$250	\$500	_____
			Total*	_____

**There may be an additional \$50 processing fee for each resubmission if the original submission is not approved.*

Payment Type: Check (Make payable to IAAO in *US Funds Only*)
 Visa MasterCard American Express

Credit Card Number _____ Exp. Date _____ CSC _____

Print Name of Card Holder _____

Signature of Card Holder _____

*My signature indicates I have read and agree to the following refund and cancellation policy:
 Once payment is applied, the transaction is final—No refund or cancellations are permitted.
 The fee for a returned check is \$25.00.*

Return to:
IAAO Certificate of Excellence in Assessment Administration
314 W 10th St
Kansas City, MO 64105-1616
Fax: 816/701-8149 • Phone: 816/701-8100 • Web site: www.iaao.org