



INTERNATIONAL ASSOCIATION OF ASSESSING OFFICERS

314 W. 10TH ST. ♦ KANSAS CITY, MISSOURI ♦ 64105-1616

816-701-8100 ♦ 800-616-4226 ♦ IAAO.ORG

CAE ♦ AAS ♦ CMS ♦ RES ♦ PPS ~ PROFESSIONAL DESIGNATIONS

PROFESSIONAL DESIGNATION CANDIDACY APPLICATION

- CAE (Certified Assessment Evaluator)
- RES (Residential Evaluation Specialist)
- CMS (Cadastral Mapping Specialist)
- AAS (Assessment Administration Specialist)
- PPS (Personal Property Specialist)

IAAO Member # _____ (must have IAAO membership to enroll) Referred by: _____

Name: _____ Designation (if already have one): _____

Title: _____

Jurisdiction/Company: _____

Business Address: _____ Phone: _____ Fax: _____

City/State/Province: _____ Zip: _____

Business Email: _____

Home Address: _____ Phone _____ Fax _____

City/State/Province: _____ Zip: _____

Home Email: _____

Send All Mail To: Business Home

Please attach a copy of certificates showing evidence of successful completion of IAAO courses taken. You may demonstrate the required level of education and professional experience upon application (recommended) or at any time before you apply for the master examination.

Certification and Agreement

I, the undersigned, hereby apply for admission to candidacy for the _____ professional designation. I certify that the information given in this application is true and correct. I confirm that I will be able to demonstrate the required level of education and experience within my candidacy period. I agree that any information requested of me by the Professional Designation Subcommittee in the future will be promptly submitted and will be true and correct.

I am a member of the IAAO in good standing. It is agreed that the designation, if conferred upon by me, and any certificate or emblem of designation, will at all times remain the property of IAAO, held by me in trust, and will be returned to IAAO upon demand of its Executive Board.

I have enclosed the required application fee (**\$35 U.S.**)*, which will be refunded to me if I am not admitted to candidacy. I understand that in order to maintain my candidacy I will be charged an annual candidacy maintenance fee (**\$80 U.S.**)*. I agree if I become designated I will pay the annual dues and will abide by the requirements of the recertification program. I will abide by the rules of the Professional Designation Subcommittee concerning the use and evidence of the professional designation that I may be awarded.

In submitting this application, I state to IAAO that there are not now any outstanding material challenges to my professional responsibility, character, or integrity pending against me, except as explained in the attached statement dated _____. (If none, insert the word "none" in the preceding space.)

Signed _____ Date _____

Fee enclosed: Check Money Order Visa Mastercard Amex (cannot be processed without payment)

Credit Card Number _____ Expiration Date _____ CSC _____ 3 or 4 AMEX digits

IAAO OFFICE USE ONLY > File # _____ Date Approved _____ Membership # _____

* Prices subject to change