



International Association of Assessing Officers **DUPLICATE CERTIFICATE REQUEST FORM**

Member Information

Please print, type, or attach business card:

Member ID # _____ Last 4 Digits of Social Security # _____
 Name _____ Another name we should search under _____
 Jurisdiction/Firm _____
 Address _____
 City _____ State /Prov. _____ Zip/Postal Code _____ Country _____
 Phone _____ Fax _____ E-mail _____

Mail Certificate To

Above Address Below Address

Name _____
 Jurisdiction/Firm _____
 Address _____
 City _____ State /Prov. _____
 Zip/Postal Code _____ Country _____

Method of Payment

- Non-Member \$25 per certificate
- IAAO Member \$10 per certificate
- Check Enclosed. (Make checks payable to IAAO, US funds only)
- Charge my: Visa MasterCard AmEx

Card # _____ Expires _____
 Name _____ CSC _____
 Signature _____

Returned check charge is \$25. No refund or transfers allowed.

Submission

Mail: Send check to 314 W. 10th St. Kansas City, MO 64105.
Credit card: Submit electronically or fax to 816-701-8169.

Requested Course Listings

1. Program Name and Number _____

 • Year of Course _____
 • State _____
 Did you successfully pass the examination? Yes No
2. Program Name and Number _____

 • Year of Course _____
 • State _____
 Did you successfully pass the examination? Yes No
3. Program Name and Number _____

 • Year of Course _____
 • State _____
 Did you successfully pass the examination? Yes No
4. Program Name and Number _____

 • Year of Course _____
 • State _____
 Did you successfully pass the examination? Yes No