



# 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 \_\_\_\_\_

NOTE: Once certified jurisdictions are required to provide a mentor or grader. Unless otherwise stated the contact listed above will be used. See CEAA General Procedures for more information.

#### 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="radio"/> Application Fee	\$200	\$200	\$200	_____
<input type="radio"/> Evaluation Fee	\$500	\$1,000	\$2,000	_____
<input type="radio"/> Annual Renewal Fee	\$200	\$200	\$200	_____
<input type="radio"/> 5-Year Recertification Fee	\$500	\$500	\$1,000	_____
			<b>Total*</b>	_____

\*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