



# International Association of Assessing Officers

## Certificate of Excellence in Assessment

### Administration Application



Jurisdiction Name \_\_\_\_\_

Primary Contact \_\_\_\_\_ E-Mail \_\_\_\_\_

Alt Contact \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Total Real & Personal Property Parcels & Accounts Number \_\_\_\_\_

Date \_\_\_\_\_ Assessment Year of Compliance \_\_\_\_\_

**NOTE:** It is the applicant's responsibility to ensure contact information is up to date throughout the entire process. Once certified jurisdictions are required to provide a mentor or grader. Unless otherwise stated the primary contact listed above will be used. See CEAA General Procedures for more information.

#### Jurisdiction Size (including both Real & Personal Property)

|  | Less than 25,000<br>Parcels & Accounts | 25,001–99,999<br>Parcels & Accounts | More than 100,000<br>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**  
**Excellence@iaao.org • 816/701-8100 • www.iaao.org**