



INTERNATIONAL ASSOCIATION of **ASSESSING OFFICERS**

314 W 10<sup>th</sup> Street Kansas City, MO 64105-1616 • USA  
P: 816-701-8100 • P: 800-616-4226 • F: 816-701-8149 • [www.iaao.org](http://www.iaao.org)

CAE • AAS • CMS • RES • PPS *Professional Designations*

**APPLICATION FOR DEMONSTRATION NARRATIVE APPRAISAL REPORT WAIVER**

Candidates holding a designation granted equivalency under IAAO Procedural Rules may receive credit via waiver(s) of IAAO real property demonstration appraisal report requirements.

*Proof of the designation and a fee of \$50.00 per waived report must be submitted to IAAO.*

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Candidate's Name

File #

I hereby apply for waiver of (**check one**):

- Residential mass appraisal report
- Commercial mass appraisal report
- Single property residential appraisal report
- Single property income-producing appraisal report



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I certify that I prepared a report on the following:

A.  a residence (briefly describe) \_\_\_\_\_  
located at (street address) \_\_\_\_\_  
city \_\_\_\_\_

B.  an income-producing property (briefly describe)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
located at (street address) \_\_\_\_\_  
city \_\_\_\_\_

C.  mass appraisal report:  residential  commercial (check one and briefly describe)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Jurisdiction/State/Province \_\_\_\_\_  
\_\_\_\_\_



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I swear and affirm that I am an IAAO member and professional designation candidate (in good standing) and the foregoing is complete, true, and correct.

Executed on \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_  
Date City State/Province

Signature \_\_\_\_\_

Please attach appropriate documentation and a check, money order or credit card payment in the amount of **\$50.00 (each waiver)** payable to IAAO and submit electronically or mail to IAAO, Professional Designation Program, 314 W. 10<sup>th</sup> Street, Kansas City, MO 64105.

Fee enclosed:  Check  Money Order  Visa  MasterCard  AmEx

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CSC \_\_\_\_\_ (3 or 4 digits)

Signed \_\_\_\_\_ Date \_\_\_\_\_