



INTERNATIONAL ASSOCIATION
of ASSESSING OFFICERS
Valuing the World

PROFESSIONAL DESIGNATION CANDIDACY APPLICATION

- | | |
|---|---|
| <input type="checkbox"/> CAE (Certified Assessment Evaluator) | <input type="checkbox"/> RES (Residential Evaluation Specialist) |
| <input type="checkbox"/> CMS (Cadastral Mapping Specialist) | <input type="checkbox"/> AAS (Assessment Administration Specialist) |
| <input type="checkbox"/> PPS (Personal Property Specialist) | <input type="checkbox"/> MAS (Mass Appraisal Specialist) |

IAAO Member # _____ (IAAO membership required) Referred by: _____

Name: _____ Current Designations: _____

Title: _____

Jurisdiction/Company: _____

Business Address: _____ Phone: _____ Fax: _____

City/State/Province: _____ Zip: _____

Business Email: _____

Home Address: _____ Phone _____ Fax _____

City/State/Province: _____ Zip: _____

Home Email: _____

Note: Postal mail and E-mail will be sent based on the address preferences you selected on your IAAO profile.

Please attach a copy of certificates showing evidence of successful completion of IAAO courses taken for any course(s) that do not appear on your IAAO account online. You may also 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 (\$50 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 executed application, I state to IAAO that there are not now any outstanding material challenges to my professional responsibility, character, or integrity pending against me.

I affirm

OR Except as explained in the attached written statement

Signed _____ Date _____

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

Credit Card Number _____ Expiration Date _____ CSC _____ 3 digits (4 AmEx)

DOWNLOAD this form to your computer, complete form and email completed form to designations@iaao.org.

*Fee subject to change
*Fee assessed for each candidacy sought
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