



International Association of Assessing Officers

314 West 10th Street, Kansas City, MO 64105 · U.S.A

Phone: 816-701-8100 FAX: 816-701-8169 ~ Website: www.iaao.org

CAE · AAS · CMS · RES · PPS ~ Professional Designations

AFFIDAVIT

I, _____

Do hereby state that I am a resident of _____

_____,
(address) (phone)

that I am a member of IAAO, and that I am now and will be employed by

(jurisdiction / firm)

as _____
(job title)

_____,
(address) (phone)

_____,
(city/state/province) (zip code)

Upon receipt of the designation I will abide by the code of ethics rule of professional conduct and the current rules and regulations set by the Professional Designations Committee. I affirm that the designation is the property of IAAO and will be returned to IAAO upon request of the Executive Board of IAAO.

I, _____, do swear and affirm that

the foregoing statement is complete, true, and correct.

Executed on _____ 20_____,

At _____
(City) (State / Province) (Zip Code)

Signature _____