



# **International Association of Assessing Officers** **EXAM RE-GRADE REQUEST FORM**

## **Applicant Information**

**Please print, type, or attach business card:**

Member ID # (If applicable) \_\_\_\_\_ Last 4 Digits of Social Security # \_\_\_\_\_  
Name \_\_\_\_\_ Jurisdiction/Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State /Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

## **Please provide exam information below**

Exam number and name: \_\_\_\_\_  
Date of the exam: \_\_\_\_\_  
City and state where the exam took place: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Method of Payment**

*Payment must accompany the order.*

Enclosed is a check for \$50.00 (Make checks payable to IAAO, US funds only.)

Charge my credit card for \$50                      Visa    MasterCard    AmEx

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CSC Code \_\_\_\_\_

Name \_\_\_\_\_

*Print card holders name*

Signature \_\_\_\_\_

Returned check charge is \$25. No refund or transfers allowed.

## **Submission**

Check: Mail to 314 W. 10<sup>th</sup> St., Kansas City, MO 64105

Credit Card: Click on the Submit button or fax to 816-701-8169.