



International Association of Assessing Officers **DUPLICATE CERTIFICATE REQUEST FORM**

Member Information

Please type:

Member ID # _____ Last 4 Digits of Social Security # _____

Name _____ Another name we should search under _____

Jurisdiction/Firm _____

Address _____

City _____ State /Prov. _____ Zip/Postal Code _____ Country _____

Phone _____ Fax _____ Email _____

Email Certificate To

Above Address Below Address

Email _____

Method of Payment

Non-Member \$25 per certificate

IAAO Member \$10 per certificate

Check Enclosed. (Make checks payable to IAAO, US funds only)

Charge my: Visa MasterCard AmEx

Card # _____ Expires _____

Name _____ CSC _____

Signature _____

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

Submission

Mail: Send check to 314 W. 10th St. Kansas City, MO 64105.

Credit card: Submit electronically to education@iaao.org

Requested Course Listings

1. Program Name and Number _____

• Year of Course _____

• State _____

Did you successfully pass the examination? Yes No

2. Program Name and Number _____

• Year of Course _____

• State _____

Did you successfully pass the examination? Yes No

3. Program Name and Number _____

• Year of Course _____

• State _____

Did you successfully pass the examination? Yes No

4. Program Name and Number _____

• Year of Course _____

• State _____

Did you successfully pass the examination? Yes No