



APPLICATION FOR CERTIFICATION AS A PROFESSIONAL APPRAISER UNDER IC 6-1.1-31.7

State Form 55800 (3-15)
Prescribed by the Department of Local Government Finance

Note: This form is used only by parties intending to contract with Indiana counties for assessment services. It is NOT an application for an Appraiser License.

FOR _____ COUNTY

Applicant Information

Name of Applicant: _____

Name of Firm: _____

Business Address (number and street): _____

City, State, and ZIP _____

Telephone: _____

E-Mail: _____

Personnel

Total Staff: _____

Level III Assessors-Appraisers: _____

Designated Contract Supervisors: _____

Experience

Please give a narrative of involvement in past reassessments, prior contracts, etc.
Attach additional sheets if necessary.

Other Qualifications

Specify any additional qualifications or benefits that can be provided.
Attach additional sheets if necessary.

Existing Contractual Commitments

Number of existing contracts with counties in Indiana related to property assessment activities:

Approximate number of anticipated contracts with counties in Indiana related to property assessment activities: _____

Applicant's Signature _____ Date (month, day, year): _____

Submit application to:
Department of Local Government Finance
Attn: Barry Wood, Assessment Division Director
100 N Senate Ave, IGC-North, Rm N1058
Indianapolis, IN 46204
Email: bwood@dlgf.in.gov
FAX: (317) 974-1629

SECTION BELOW TO BE COMPLETED BY THE DEPARTMENT OF LOCAL GOVERNMENT FINANCE.

Certification Application Approved

Approval Effective (month, day, year): _____

Certification Application Denied

Reason for Denial: _____

DEPARTMENT OF LOCAL GOVERNMENT FINANCE

By: _____, Assessment Division Director