



**VOLUNTARY WAIVER OF ASSESSOR-APPRAISER CERTIFICATION AND  
TAX REPRESENTATIVE CERTIFICATION**

State Form 56012 (3-16)

Prescribed by the Department of Local Government Finance

1. I, \_\_\_\_\_, am a (*check (a) and/or (b), as applicable*):

a. \_\_\_ Level One, Level Two, or Level Three Certified Assessor-Appraiser;

b. \_\_\_ Certified Tax Representative.

2. I have determined that I no longer want or need my:

i. \_\_\_ Level One, Level Two, or Level Three Assessor-Appraiser certification;

ii. \_\_\_ Tax Representative certification.

3. By signing this waiver, I understand that I am waiving my Assessor-Appraiser certification and/or Tax Representative certification, as applicable. I wholly exonerate and hold blameless in this matter the Department, its employees, agents, and hearing officer.

\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Date (*month, day, year*)

\_\_\_\_\_  
Printed (or Typed) Name of Respondent

\_\_\_\_\_  
Address (*number and street*)

\_\_\_\_\_  
City, State and ZIP Code

Please Mail, Fax or E-mail this form to:

Department of Local Government Finance  
100 N Senate Ave, Rm N1058  
Indianapolis, IN 46204  
Fax: 317-974-1629  
[dbratcher@dlgf.in.gov](mailto:dbratcher@dlgf.in.gov)