



VOLUNTARY WAIVER OF ASSESSOR-APPRAISER CERTIFICATION AND TAX REPRESENTATIVE CERTIFICATION

State Form 56012 (R2/2-26)

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

Phone Number

Email

Please email or mail this form to:

Department of Local Government
Finance 100 N Senate Ave, Rm N1058
Indianapolis, IN 46204
education@dlgf.in.gov