



# Application for Certified Florida Evaluator

## Property Tax Oversight Program Florida Department of Revenue

Applications must have the signature of the Program Director,  
Property Appraiser (or designee) below.

**James McAdams**  
Chairman  
Admissions Committee

Property Tax Oversight  
Training Section  
Post Office Box 3294  
Tallahassee FL 32315-3294

**\$45 Fee must be enclosed for application to be processed**

(Make checks payable to Florida Department of Revenue)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**PRINT YOUR FULL NAME AS YOU WOULD LIKE IT TO APPEAR ON THE CERTIFICATE**

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

E-mail Address \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Employed By \_\_\_\_\_

Job Title \_\_\_\_\_

Name of High School \_\_\_\_\_ Graduated?  Yes  No

Name of College \_\_\_\_\_ Graduated?  Yes  No

Professional Organizations (in the appraising field) \_\_\_\_\_

List below all appraisal courses and **enclose a copy of the certificate of completion** \_\_\_\_\_

Professional Designations \_\_\_\_\_

*Please list below your experience with The Florida Department of Revenue and/or Florida County Property Appraiser Office*

Name of Employer \_\_\_\_\_

Your Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name of Employer \_\_\_\_\_

Your Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

I hereby certify the statements and documents contained herein are correct for the Certified Florida Evaluator designation. I agree to subscribe to, and practice, the Certified Florida Evaluator code of ethics. I understand that the professional designation for which this application is made expires automatically and may not be used upon leaving employment with a Florida county property appraiser's office, tax collector's office, or the Florida Department of Revenue.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_