

# State Tax Commission Application for Waiver of County Certification Level Requirement

Issued under authority of Public Act 206 of 1893.

**Instructions:** This form must be completed in its entirety. An application for waiver of the county certification level requirement must be received by the State Tax Commission on or before October 31 in order to become effective on December 31 for the following year. All county waivers are issued on an annual basis and expire annually on the December 31 immediately following the effective date.

MCL 211.10d(11)(d) states, in part, "In a county in which a vacancy has been created in the position of director of a county tax or equalization department and in which the position was previously filled by a person certified at the level required by the board pursuant to this subsection, a person certified at 1 level below the level required by the board pursuant to this subsection may serve in the position for 12 months after the vacancy has been created."

PART 1: COUNTY INFORMATION		
Equalization Director Name	Certificate Number	Certification Level (MCAO, MAAO, MMAO)
County	Required County Level of Certification	
PART 2: REQUIRED INFORMATION (attach separate documents providing the required information listed below)		
1. List the SEV for all local units within the county, including special act values. List the total county SEV.		
2. List the SEV county totals by classification, including special act values.		
3. List any single or multiple similar facilities with a large SEV within the county. <b>Indicate facility name(s) and location(s).</b>		
4. List each local unit within the county with their required certification level for this year.		
5. List the total number of parcels by classification, including special act rolls, within each local unit along with the county total by classification.		
6. List the names of current county assessing administration staff, including their certification numbers and certification levels.		
7. List any local unit within the county who has been approved for a reduction in the certification level requirement of their assessor.		
8. Other. Provide any additional information you would like considered when reviewing this request.		
PART 3: CERTIFICATION		
<i>I hereby certify that all the information contained within, and attached to, this application is true and accurate to the best of my knowledge, information and belief. I understand that this waiver, if granted, will be effective for one year only and must be reapplied for each subsequent year.</i>		
Equalization Director Signature	Date	
County Administrator Signature	Date	
Chairperson of the Board of Commissioners Signature	Date	

Submit the completed application and required attachments to:  
State Tax Commission  
P.O. Box 30471  
Lansing, MI 48909-7971