

State Tax Commission Application to Escrow an Assessing Officer Certification

This form is issued under the authority of the General Property Tax Act, PA 206 of 1893. Filing is mandatory.

State Tax Commission policy allows a certified assessing officer to request that their certification be placed in escrow if for unforeseen circumstances they are unable to complete their annual continuing education requirements or pay their annual fee. To request an escrow of your certification you must complete this form in its entirety and provide all additional requested information. Completed forms must be received on or before March 1 of the year immediately following the expiration of a certificate. Requests received on or after March 2 will not be considered and your certification will expire as of the previous December 31. Requests for escrow of a certificate must be filed on an annual basis and expire on the December 31 following the approval.

PART 1: APPLICANT INFORMATION			
Assessing Officer Name	Certificate Number	Certification Level	
Mailing Address (Street, P.O. Box)	City	State	ZIP Code
Daytime Telephone Number	E-Mail Address		

PART 2: REQUIRED INFORMATION			
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The following items must be submitted with a completed application:

1. A one page summary explaining the reasons you are requesting your certification be placed in escrow.
2. Documentation supporting the reasons for requesting an escrow (medical documents, etc.).

PART 3: CERTIFICATION	
The following certification statements must be completed in order for your application to be considered complete.	
Have you been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon or act of dishonesty for which the record has not been sealed or expunged since becoming a State of Michigan certified assessor?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain below.	
<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>	
Applicant Name (Printed)	
Applicant Signature	Date

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