

APPLICATION FOR APPROVAL TO PROVIDE BOARD OF REVIEW MEMBER TRAINING

Please submit this application 15 days prior to the scheduled training to the following address:

Wisconsin Department of Revenue
Bureau of Assessment Practices, MS 6-97
BOR Trainer
PO Box 8971
Madison WI 53708-8971

The approval period is for 2 years. If you have questions, please call 608-266-7750.

First Name	M.I.	Last Name	
Business Mailing Address		Business E-Mail Address	
City	State	Zip	
Business Phone Number		Business Fax Number	

I attended a DOR Board of Review Train the Trainer session on _____ (Date)

I am using the BOR training materials developed by the University of Wisconsin-Extension. Yes No

If No, please provide your resume and a copy of the training materials with this application.

Please provide the name of the sponsor, date, time, location and contact information for training sessions you will be conducting.

Sponsor Name	Date	Time
Location	Contact Information	
Sponsor Name	Date	Time
Location	Contact Information	
Sponsor Name	Date	Time
Location	Contact Information	

Signature _____ Date _____

FOR DOR USE ONLY			
Date Received	Training Verified	Approval Letter Sent	Added to Web