

Instructions

Submit the completed form to bapdor@wisconsin.gov

Applicant/Business Contact Information

Name (Last)		(First)	(M.I.)	Birth date (mm/dd/yyyy) / /	
Business mailing address			County		Business phone () -
City	State	Zip	Business email		
Do you presently hold any Wisconsin assessor certification?			<input type="checkbox"/> No <input type="checkbox"/> Yes		
Temporary certification is granted only once at the Assessment Technician level. Have you ever been temporarily certified in Wisconsin?			<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? _____		
I read tax 12.05 Wis. Adm. Code and understand the requirements and responsibilities for temporary certification. Under penalties of law, I declare this form and all attachments are true, correct and complete to the best of my knowledge and belief.					
Applicant signature _____				Date _____	

Certified Assessor

Assessor Information					
I read tax 12.05 Wis. Adm Code and understand that I am responsible to verify the applicant:					
<ul style="list-style-type: none"> • Performs the duties prescribed for the Assessment Technician level • Works in this municipality: _____ (Note: The applicant must obtain approval prior to working in another municipality) • Functions as an Assessment Technician only during the effective dates in the Notification of Approval 					
I am the statutory assessor for the above indicated municipality.					
Assessor signature _____				Date _____	
Name (Last)		(First)	(M.I.)	Certification number	
Business mailing address			Business phone () -		
City	State	Zip	Business email		

For Wisconsin Department of Revenue Use Only – Do Not Write in the Area Below

Application for temporary certification: Approved Not approved

Beginning date of temporary certification is _____

Signature _____ Date _____