

**Instructions**

- Complete the form  
Do you need a receipt?  Yes  No
- Include \$20 recertification fee payable to the "Wisconsin Department of Revenue"
- **Mail application and fee to:**  
Assessor Certification  
Wisconsin Department of Revenue  
PO Box 8971 #6-97  
Madison WI 53708-8971

**Requirements/Deadline**

- Attend four of the last five DOR Annual Assessor Meetings
- Complete all requirements, including training hours, and submit your application at least 60 days before your certification expires
- **Note:** To review the continuing education requirements, visit: [revenue.wi.gov/Pages/Training/assess-recert.aspx](http://revenue.wi.gov/Pages/Training/assess-recert.aspx)

**Applicant/Business Contact Information**

|  |         |        |                                |                         |
|--|---------|--------|--------------------------------|-------------------------|
| Name (Last)  | (First) | (M.I.) | Birth date (mm/dd/yyyy)<br>/ / | Business phone<br>( ) - |
| Business mailing address   |         |        | County                         |                         |
| City   | State   | Zip    | Business email                 |                         |
| Certification level you would like to recertify:<br><input type="checkbox"/> Assessment Technician <input type="checkbox"/> Property Appraiser <input type="checkbox"/> Assessor 1 <input type="checkbox"/> Assessor 2 <input type="checkbox"/> Assessor 3 |         |        |                                |                         |

List each year you attended the Wisconsin Department of Revenue's Annual Assessor Meeting during the five years prior to your certification expiration date: \_\_\_\_\_

**Approved Continuing Education**

- To look up your education Information, visit the Assessor Education Inquiry: [ww2.revenue.wi.gov/Internet/slfassessor-inquiry.html](http://ww2.revenue.wi.gov/Internet/slfassessor-inquiry.html)
- For programs/courses **not** listed in the inquiry:
  - » Enter the programs/courses you attended below
  - » Provide copies of attendance certificates or grade reports for the programs/courses

| Program / Session No. | Program / Course Title | Date Attended | Appraisal Hours | Law / Mgmt Hours |
|-----------------------|------------------------|---------------|-----------------|------------------|
|                       |                        |               |                 |                  |
|                       |                        |               |                 |                  |
|                       |                        |               |                 |                  |
|                       |                        |               |                 |                  |
|                       |                        |               |                 |                  |
| <b>Total Hours</b>    |                        |               |                 |                  |

**Signature Statement**

Under penalties of law, I declare this form and all attachments are true, correct and complete to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Expiration date: \_\_\_\_\_ Received: \_\_\_\_\_ Processed: \_\_\_\_\_