



# Application for Certification - North Carolina Tax Collectors' Association

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Office #: \_\_\_\_\_

\_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_ County/City: \_\_\_\_\_

Date employed: In the tax office: \_\_\_\_\_ Years: \_\_\_\_\_ Months: \_\_\_\_\_

In present position:\* \_\_\_\_\_ Years: \_\_\_\_\_ Months: \_\_\_\_\_

\* *TO BE CERTIFIED, the person applying for certification must have served in the collections position for which certification is sought for at least two years during the five years preceding the date of the application for certification.*

Certification type:  Tax Collector  Deputy  Assistant

Certification status:  New designation  Designation change  Recertification

## I have completed the following required courses:

1. SOG Fundamentals of Property Tax Collection Test Score: \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_\_ Test Score: \_\_\_\_\_ Date: \_\_\_\_\_

## I have completed the following elective courses:

1. \_\_\_\_\_ Test Score: \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_\_ Test Score: \_\_\_\_\_ Date: \_\_\_\_\_

I have enclosed a copy of my oath as on appointed Tax Collector or Deputy *(Required)*

I have enclosed copies of certificates, transcripts, and test score documentation for the required and elective courses listed above *(Required)*

I have enclosed the required fee listed below and have enclosed a check payable to: **NCTCA**

**Application for Certification: \$25**

**Recertification: \$15**

**Designation Change: \$15**

**New Certificate – Replacement or Name Change: \$10**

Send the application, check, and supporting documentation to:

Pat Goddard  
Executive Secretary, NCTCA  
65 Glen Road, Box 246  
Garner NC 27529

I certify that the above information is true and correct to the best of my knowledge:

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

I have reviewed this application and to the best of my knowledge, certify that the above listed application has met the requirements for certification and is eligible in the position for which he or she has applied.

\_\_\_\_\_  
*Signature of Tax Collector*

\_\_\_\_\_  
*Date*



## Notification of North Carolina Tax Collectors' Certification

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**Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**County/Municipality:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

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- I would like my certificate and pin presented at the annual NCAAO Fall Conference. (The deadline for application submission to the Executive Secretary is June 30, if selected.)
- I would like my certificate and pin presented at the annual NCTCA Spring Conference. (The deadline for application submission to the Executive Secretary is December 31, if selected.)
- I would like my certificate and pin mailed to the address shown above. I will not be attending a conference.