

Application for Certification North Carolina Tax Collectors' Association

Name: _____ Job Title: _____

Mailing Address: _____

Office Phone # () _____ Fax # () _____

County or City: _____ Email address: _____

Date employed in tax office: _____ Years: _____ Months: _____

Date employed in present position:* _____ Years: _____ Months: _____

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

Certification applied for: Tax Collector Deputy Assistant

Is this a new designation, designation change or 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. _____ Date: _____
2. _____ Date: _____

I have enclosed a copy of my oath as an 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 dues for membership in the NCTCA. Dues being paid with this application are for the upcoming fiscal year (Beginning July 1 and ending June 30) *(Required)*

Please enclose a check made payable to: [NCTCA, Treasurer](#)

Application Fees: \$25 Membership Dues/Collector: \$40 Membership Dues/Assistant/Deputy: \$15

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 hereby certify that to the best of my knowledge the above listed applicant is eligible for certification in the position for which he or she applied.

Signature of Tax Collector

Date

Notification of North Carolina Tax Collector's Certification

The Certification Chair sends notification of your certification to the following person(s). If you are applying for Deputy or Assistant designation this would be your Tax Collector/Administrator. If you are applying for Tax Collector this would be addressed to your reporting Board.

Name _____

Title _____

County/Municipality _____

Mailing Address _____

Phone Number () _____

Email Address _____

- I would like my certificate and pin presented at the NCAAO Fall Conference in November,
- I would like my certificate and pin presented at the NCTCA Spring Conference in April,
- I would like my certificate and pin mailed to the address listed below. I will not be attending a conference.

