



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

Name: _____

Job Title: _____

County/Municipality: _____

Mailing Address: _____

Email Address: _____

Telephone #: _____

I would like my certificate and pin presented at the annual NCTCA Spring Conference. The deadline for application submission to the Executive Secretary is the February 15 prior to the conference, if selected.

I would like my certificate and pin mailed to the address shown above. I will not be attending a conference.