

**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:
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Date employed in present position: _____

Years:	Months:
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*** Minimum of two years are required in your present position**

Certification applied for: Tax Collector Deputy Assistant

Is this a new designation, designation change or recertification? _____

I have completed the following required courses:

- | | | |
|---|-------------------|-------------|
| 1. <u>SOG Fundamentals of Property Tax Collection</u> | 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

I have enclosed copies of certificates, transcripts and test score documentation for the required and elective courses listed above.

Please enclose a check made payable to:

NCTCA

Send the application, check and supporting documents to:

Carolyn S. Boggs
School of Government
The University of North Carolina at Chapel Hill
CB# 3330 Knapp-Sanders Building
Chapel Hill, NC 27599-3330

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