

APPLYING FOR EXAMINATION FOR:

ASSESSOR ☐

DEPUTY ASSESSOR ☐

Application must be received by the Department of Revenue at least 3 days prior to the date of the examination.

PERSONAL INFORMATION

This information will be placed on the assessor and deputy assessor registry

Name: _____

Home Address (Street number/name or PO Box): _____

City: _____ State: _____ ZIP: _____

Personal Phone: _____ Personal Email: _____

Do you need special accommodations to take an exam? Yes ☐ No ☐

If yes, please explain what type of accommodations you need:

EDUCATION

HIGH SCHOOL

Name	Location	Dates of attendance	Last grade completed	Did you graduate?	Date of completion

High school equivalency certificate (GED)? Yes ☐ No ☐

If yes, give date certificate issued: _____ Certificate issued by: _____

VOCATIONAL TRAINING (Business, Trade, Technical, Military Service)

Name	Location	Dates of attendance	Credits earned	Diploma or certificate title	Date of completion

UNIVERSITY AND COLLEGE (Undergraduate, Graduate)

Name	Location	Dates of attendance	Credits earned	Degree awarded	Field of study	Date of completion

APPRAISAL EXPERIENCE

List all appraisal-related experience. If applying for the Assessor Exam, you must also complete the “Appraisal Experience” portion of the “Experience Record” for each position involving appraisal-related experience.

“Appraisal-related experience” means experience obtained through full-time, paid employment consisting of the actual appraisal and valuation of property. The experience shall have included the physical inspection of property as part of the appraisal process and the setting of values for parcels of property.

Employer	Position	Location	Dates of employment

A completed application for an Assessor and/or Deputy Assessor examination must include the following:

- (1) Application form (2 pages)
- (2) Preliminary Education Requirements Worksheet (1 page)
- (3) Experience Record Form(s)(add more pages if needed)
 - a. Deputy Assessor Exam Candidates – not required to fill out “Experience Record Form”.
 - b. Assessor Exam Candidates – required to fill out “Experience Record Form”, must include forms sufficient to account for the last 10 years of employment, including any appraisal experience.

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this application, and, to the best of my knowledge and belief, it is true, correct, and complete.

I understand that false statements on this application may disqualify me from taking the examination or from appointment as Assessor or Deputy Assessor in the State of Iowa.

I further understand that I must achieve a score of at least 70 percent to be eligible for appointment.

Signature of exam applicant: _____ Date: _____

When you have completed this application, and you are ready to set an exam date,

Email as a PDF to: ed.dov.eq@iowa.gov

PRELIMINARY EDUCATION REQUIREMENTS WORKSHEET

Preliminary education requirements are set forth in Iowa Administrative Code rule 701 —103.3.

Name of applicant: _____ Date: _____

The following is a list of Department approved courses/designations. Please check the course(s) or designation you are submitting to fulfill your preliminary education requirement. You must provide proof of passing the course exam.

Course(s) must be completed, including exam, within five years prior to taking the assessor or deputy assessor exam. Designations must be received/renewed within five years prior to taking the assessor or deputy assessor exam.

There are three ways to qualify to take the exam(s). Choose one: Part I, II, or III, and fill out only that one corresponding section below.

☐ **Part I**

Approved course/designation	Sponsoring organization	Date course taken	Course completed (✓)	Proof attached (✓)
Iowa Assessment and Taxation Review	Institute of Iowa Certified Assessors			

☐ **Part II** Complete the Iowa Laws Course and one of the options below.

Approved course/designation	Sponsoring organization	Date course taken	Course completed (✓)	Proof attached (✓)
Iowa Laws Course	Iowa Department of Revenue			

Options: Complete one of the following

Approved course/designation	Sponsoring organization	Date course taken	Course completed (✓)	Proof attached (✓)
<input type="checkbox"/> Course 101-Fundamentals of Real Property Appraisal	International Association of Assessing Officers			
<input type="checkbox"/> Course 300-Fundamentals of Mass Appraisal	International Association of Assessing Officers			
<input type="checkbox"/> Basic Appraisal Principles and Basic Appraisal Procedures	Appraisal Institute OR American Society of Farm Managers and Rural Appraisers			

☐ **Part III** Current designation(s). Check all that apply and note date received or renewed:

Iowa Certified Assessor (through Institute of Iowa Certified Assessors) ☐ Date: _____

Certified Assessment Evaluator (through International Association of Assessing Officers) ☐ Date: _____

Residential Evaluation Specialist (through International Association of Assessing Officers) ☐ Date: _____

Member of Appraisal Institute (through Appraisal Institute) ☐ Date: _____

Accredited Rural Appraiser (through American Society of Farm Managers & Rural Appraisers) .. ☐ Date: _____

One of the following courses must also be taken if your appraisal designation is not specific to Iowa:

Approved course/designation	Sponsoring organization	Date course taken	Course completed (✓)	Proof attached (✓)
Iowa Assessment & Taxation Review	Institute of Iowa Certified Assessors			
Iowa Laws Course	Iowa Department of Revenue			

EXPERIENCE RECORD FORM

Instructions: Starting with your most current position, complete a form for each position held within a minimum of the last 10 years. Candidates for the Assessor exam will only be eligible for provisional status unless 2 full years of appraisal experience is established. If your position or duties with an employer changed, list positions on separate forms and describe specific duties of each. An assessor or employer familiar with your appraisal experience must attest to such experience. **Use more than one sheet, if needed.**

Name of applicant: _____

Jurisdiction/employer & state of employment: _____

Address of employer: _____

Title: _____ Full-time ☐ Part-time ☐ List %: _____

Dates of employment: from: _____ to: _____

Name and title of immediate supervisor: _____

Specific duties: _____

Reason for leaving: _____

Remarks: _____

APPRAISAL EXPERIENCE**Required only for assessor examination candidates**

Percentage of work time devoted to appraisal,
assessment, or mapping:

Staff appraisal: _____ %

Review appraisal: _____ %

Administration/CAMA Support: _____ %

Cadastral mapping: _____ %

Mass appraisal analysis: _____ %

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this document, and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature of exam applicant: _____ Date: _____

To be completed and signed by assessor or supervisor, if you obtained appraisal experience during this employment:

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this document, and, to the best of my knowledge and belief, it is true, correct, and complete, in regard to the applicant's appraisal experience.

Name of assessor/supervisor: _____ Jurisdiction/Title: _____

Signature: _____ Date: _____