



Application for Certified Cadastralist of Florida

Property Tax Oversight Program Florida Department of Revenue

Applications must have the signature of the Program Director,
Property Appraiser (or designee) below.

James McAdams
Chairman
Admissions Committee

Property Tax Oversight
Training Section
Post Office Box 3294
Tallahassee FL 32315-3294

\$35 Fee must be enclosed for application to be processed

(Make checks payable to Florida Department of Revenue)

Signature

Title

PRINT YOUR FULL NAME AS YOU WOULD LIKE IT TO APPEAR ON THE CERTIFICATE

Name _____ (Last) _____ (First) _____ (Middle)

E-mail Address _____

Business Phone Number _____

Employed By _____

Job Title _____

Name of High School _____ Graduated? Yes No

Name of College _____ Graduated? Yes No

Professional Organizations (in cadastral mapping) _____

List below all mapping courses and **enclose a copy of the certificate of completion** _____

Professional Designations _____

Please list below your experience with The Florida Department of Revenue and/or Florida County Property Appraiser Office

Name of Employer _____

Your Title _____ From _____ To _____

Name of Employer _____

Your Title _____ From _____ To _____

I hereby certify the statements and documents contained herein are correct for the Certified Cadastralist of Florida designation. I understand that the professional designation for which this application is made may not be used upon leaving employment with a Florida county property appraiser's office, tax collector's office, or the Florida Department of Revenue.

Signed: _____ Date: _____