

Advanced Designation Application Form

To apply for an advanced designation, photocopy this page, complete the form, and send it, along with a copy of your official Illinois Department of Revenue transcript, to:

Illinois Property Assessment Institute, Brenda L. Corcoran, Registrar
706 Oglesby, Suite 120, Normal, IL 61761
Fax 862-0400

(Please Print)

Name _____
(First) (Middle) (Last)

Mailing Address _____
(Street) (City) (Zip Code)

Employer _____ Applicants Title _____

Phone Number (W) _____ Fax Number _____

County _____ Township _____
(If applicable)

E-mail Address _____ Years of Service _____

Supervisor _____ Phone Number _____

Home Newspaper _____

Designation Seeking

CIAO-I _____ CIAO-S _____ CIAO-M _____

Coursework

(Attach a copy of your official Illinois Department of Revenue transcript)

Administration Hours _____

Commercial Hours _____

Residential Hours _____

Theory Hours _____

Statistics Hours _____

Land Hours _____

Total Hours _____

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Office Use Only:

Executive Director's Approval _____

Test Score _____

Applicant Notified of Approval _____

Date of Award _____

Testing Date _____

Newspaper Notified _____