

**PRINCIPAL APPRAISER/PERSONAL PROPERTY  
G-1970-M**

SUPPLEMENTAL APPLICATION QUESTIONNAIRE

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CANDIDATE'S NAME

**I. TRAINING**

General Information

Points in this part will be allowed only for those courses taken in addition to the mandatory State Board of Equalization training requirement. **A COURSE CAN BE COUNTED ONLY ONCE.** Verification is required for any course or other training listed on the supplemental application questionnaire. Training, courses and/or degrees must be documented in your official training folder or you must include transcripts or a photocopy of the diploma with your application at the time of filing. No points will be assigned if acceptable documentation is not in the official training folder or attached to the application.

A. Additional Related Courses

List all college level courses, from accredited colleges, satisfactorily completed in related fields after successful completion of the Appraiser Trainee Program. Courses must be in Real Estate, Finance, Economics, Management and Supervision, Law, Statistics, Public Administration, Computer Science, Programming, Data Processing, Accounting or other fields directly related to Appraisal or Assessment Administration. List additional courses on a separate sheet if necessary.

Course Title	No. of Units	Institution	Date Completed	
			Month	Year

B. Certified Public Accountant (C.P.A.)

Date	Number

C. Graduate Degree – Must be in a related field. See Section A for a list of related fields. (In addition to credit allowed in Section A).

Degree	College or University	Major	Date Received	
			Month	Year

D. Completion of courses sponsored by AIREA, IAAO, SREA, ASA, SBE, or other professional appraisal or assessing organizations. Courses must have been at least 24 hours in length requiring an examination or appraisal report. In-service training is not eligible for credit.

Course Title	Organization	Date Completed	
		Month	Year

E. Receipt of Professional Appraisal Designation such as CPE, CAE, MAI, RM, SRA, or SREA, MGA, SAA.

Designation	Organization	Date Completed	
		Month	Year

F. SBE Advanced Appraiser Certificate

Date	Number

G. Successful completion of the one year Real Property Cross-Training Program.

Date Complete

**II. EXPERIENCE**

A. Total Appraisal Experience

List experience with this Department at the level of Los Angeles County's class of Supervising Appraiser. No additional points for acting or Out-of-Class experience will be given.

Classification	Dates		No. of Months
	From	To	
	Mo. Yr.	Mo. Yr.	

B. In-Service Experience

List your participation in preparing and conducting SBE approved In-Service presentations during In-Service Training in the Assessor's Department. Presentation must be documented by the division.

Topic	Dates		Length No. of Hours
	From	To	

C. Field Training

List your participation in conducting training classes for Appraiser Trainee or audit orientation. Training must be documented by the division.

Regional Training/Location	Dates		No. of Months
	From	To	

D. Varied Assignments (Rotation in the Department) Assignments must be documented by the Subdepartment.

List each of your assignments in the following categories:

- |                                    |   |
|------------------------------------|---|
| Executive Office                   | PP-Bus (Area 9)                           |
| Administrative Services            | PP-Audit (Area 7, 10 & 11)                |
| Training                           | PP-Bus (Commercial Airlines)              |
| District Real Property             | Appraisal Standards                       |
| Major Real Prop (Excluding Reg 30) | AABS                                      |
| Major Real Prop (Region 30)        | Special Investigation                     |
| PP-Audit (N, S, E, W districts)    | Ownership                                 |
| PP-Bus (N, S, E, W districts)      | Exemption                                 |
| PP-Bus (Area 6, 7, M&A, MH)        | Info. Tech.-Syst. Interface/Spec. Project |

Assignments	Dates		No. of Months
	From	To	
	Mo. Yr.	Mo. Yr.	

ANY ADDITIONAL INFORMATION YOU WISH TO PROVIDE PERTAINING TO THIS EXAMINATION CAN BE ATTACHED WITH THE SUPPLEMENTAL QUESTIONNAIRE ON A SEPARATE SHEET. EXPERIENCE LISTED IS SUBJECT TO VERIFICATION BY THE ASSESSOR'S DEPARTMENT. CANDIDATES WILL NOT BE ALLOWED TO AMEND OR ADD ANY INFORMATION TO THIS FORM AFTER THE LAST DATE OF FILING.

*The information I have supplied above is correct. I understand that any falsification or misrepresentation of these facts will invalidate my application and cancel my candidacy for this examination.*

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Signature

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Date