

Full Name

(DATE:

Application for Accreditation

This form must be completed, signed and submitted to the Registrar. Designation as an Accredited Municipal Assessor of Alberta shall commence on the date the Registration Committee approves the application.

(as it should appear on CERTIFICATE)

	iling Address:	Chrock		City (Postal Code	
(Home or Permanent) Street		,	City	Postal Code		
Pho	one Number:					
		ELIGIBILITY REQUIREME	NT	S FO	R ACCREDITATION	
Candidate Members				Labour Mobility Applicants		
Complete this section if you became a Candidate member while vorking towards AMAA certification under the supervision of an MAA member				Complete this section if you are certified in another regulating jurisdiction and are applying for the AMAA designation pursuant to the Labour Mobility Act.		
	Validation of	Candidacy Requirement:			Validation of Good Standing in Home (originating) Jurisdiction	
	Candidate members to Application for A	ership for a minimum of 12 months prior Accreditation			Applicant must provide a letter of good standing and proof of professional certification	
	Validation of	Experience Requirement:			Validation of Experience Requirement:	
	Attach current resume and statements signed by department head/supervisor/HR certifying dates and working titles related to experience in the practice of assessment				Attach current resume and statements signed by department head/supervisor/HR certifying dates and working titles related to experience in the practice of assessment	
	Validation of Requirement	Core Education :			Validation of Education Requirement:	
	Diploma or UBC [College Appraisal and Assessment Diploma in Urban Land Economics or ack Program Certification or other cation			Copy of Assessment or Appraisal Program Completion or other property valuation training certification	
	Validation of	AAA Pre-Requisites:			Validation of AAA Pre-Requisites:	
	□ UBC BUSI 499, property	cing Assessment in Alberta Case Study of income producing			☐ Legislative Knowledge Challenge Test ☐ UBC BUSI 499, Case Study of income producing property ☐ Oral Interview by AAA Examiners	

APPLICANT CERTIFICATION				
I hereby request that the Registration Committee consider m an Accredited Municipal Assessor of Alberta (AMAA) and cein and with this application is correct and true.				
SIGNED:	DATE:			

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CURRENT EMPLOYMENT									
Job Title									
Character References									
Name									
1.									
2.									
Other Business Connections and Associations:									
Membership in Clubs, Organizations and Associations:									
Professional Contributions (Lectures, presentations, articles, etc.):									
Application for Accredi	tation Fee: \$425.00	+ GST (# 12223 461	0 RT)						
☐ Enclosed OR ☐ Please Invoice:									
All cheques are payable to the Alberta Assessors' Association, 10555 172 St. NW., Edmonton, Alberta T5S 1P1.									
Submit completed form with attachments to: info@assessor.ab.ca									
For Office Use: Dates Application Received: Application/Attachments Rev Accreditation Approved by R			Invoice #						