



**Application for Accreditation**  
**and Request To Appear Before the Oral Examination Committee**

This application is to be completed and forwarded to the Executive Administrator, Alberta Assessors' Association. Designation as an Accredited Municipal Assessor of Alberta shall commence on the date the Registration Committee approves the application.

Name \_\_\_\_\_  
in full or as it should appear on CERTIFICATE

Address \_\_\_\_\_  
Street City Postal Code

Phone \_\_\_\_\_

**Current Employment**

Job Title \_\_\_\_\_

Attach Job Description

**Assessment Experience**

4 years is required and shall apply up to and including April 30<sup>th</sup> of the year in which accreditation is to be awarded.

Attach current Resume and Statement(s) signed by a department head(s) certifying dates and working titles related to your experience in the practice of assessment

Attach copy of assessment diploma or official transcript **OR**

AAA has documented my core education requirements (only for Candidates prior to September 1, 2008)

**Character References**

Name	Addr	Phone
1.		
2.		

Other Business Connections and Associations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Membership in Clubs, Organizations and Associations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional Contributions (Lectures, Presentations, Articles, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have been a Candidate Member of the Alberta Assessors' Association for at least 12 months:  
Yes\_\_\_ No \_\_\_

Application for Accreditation Fee: \$200.00 + GST (# 12223 4610 RT)

- Enclosed OR
- Please Invoice: \_\_\_\_\_

*All cheques are payable to the Alberta Assessors' Association.*

I hereby apply for accreditation as an Accredited Municipal Assessor of Alberta (AMAA) and certify that the information submitted in and with this application is correct and true.

Signed:\_\_\_\_\_ Date:\_\_\_\_\_ Witness: \_\_\_\_\_

*This application represents my request to appear before the Association's Exam Subcommittee for an oral examination and my signature indicates my understanding that I will be placed on the Exam Subcommittee's roster for the next available examination opening.*

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**For Office Use:**

Dates  
Application Received: \_\_\_\_\_  
Application/Attachments Reviewed: \_\_\_\_\_  
Oral Examination Passed: \_\_\_\_\_  
Accreditation Approved by Registration Committee: \_\_\_\_\_

Invoice # \_\_\_\_\_