



Application for Certified Florida Collector or Certified Florida Collector Assistant

Property Tax Oversight Program Florida Department of Revenue

Applications must have the signature of the Program Director,
Tax Collector (or designee) below.

James McAdams
Chairman
Admissions Committee

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

Signature

Title

\$25 fee must be enclosed for application to be processed
(Make checks payable to Florida Department of Revenue)

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 the collection field) _____

List below all tax collection 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 Tax Collector 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, and if qualified for the Certified Florida Collector/ Certified Florida Collector Assistant designation. I agree to subscribe to, and practice, the Certified Florida Collector/Certified Florida Collector Assistant code of ethics. 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: _____