

# Application for Continuing Education Credit Hours

\_\_\_\_\_  
Name (As you wish it to appear on your certificate)

Certified Florida     Appraiser                       Collector  
(Please check appropriate box)

\_\_\_\_\_  
County/Office/Title

\_\_\_\_\_  
Title of Educational Program

\_\_\_\_\_  
Location

\_\_\_\_\_  
Course Length  
(In hours)

\_\_\_\_\_  
Date of Program

\_\_\_\_\_  
Signature of Instructor or Sponsor Representative

I hereby certify that I have attended this program for the number of hours indicated:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Class Hours Completed

*Certified Florida Appraisers/Collectors may remit this form upon course completion.*

*Please remit the form to:    PTAP Training Team, Post Office Box 3294, Tallahassee, Florida 32315-3294*