

International Association of Assessing Officers DUPLICATE CERTIFICATE REQUEST FORM

Please type:				
Member ID # Last 4		Digits of Social Security #		
Name Another name			we should search under	
Jurisdiction/Firm				
Address				
City	State /Prov		Zip/Postal Code Country	
Phone	Fax		Email	
Send Certificate To:		Requested Course Listings		
Email Address Mailing Address		1. Program Name and Number		
			Year of Course	
			• State	
Method of Payment Non-Member \$30 per certificate - hard copy IAAO Member \$15 per certificate - hard copy Non-Member \$25 per certificate - digital IAAO Member - Complimentary - digital rigital certificates provided free of charge within 6 months of exam date for all students.			Did you successfully pass the examination? \Box Yes \Box No	
		2.	Program Name and Number	
			Year of Course	
			• State	
Check Enclosed. (Mak	te checks payable to IAAO, US funds only)		Did you successfully pass the examination? \Box Yes $\ \Box$ No	
Click here to pay by credit card - hard copy		3.	Program Name and Number	
<u>Click here to pay by credit card - digital copy</u>			Year of Course	
			• State	
Returned check charge is S	\$25. No refund or transfers		Did you successfully pass the examination? \Box Yes \Box No	
allowed.		4.	Program Name and Number	
<u>Submission</u>				
Mail: Send check to 314 V	V. 10 th St. Kansas City, MO 64105		Year of Course	
			• State	

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