

Application for Certification North Carolina Tax Collectors' Association

Name: _____ Job Title: _____

Mailing Address: _____

Office Phone # _____ Fax # _____

County or City: _____ Email address: _____

Date employed in tax office: _____ Years: _____ Months: _____

Date employed in present position: _____ Years: _____ Months: _____

*** Minimum of two years are required in your present position**

Certification applied for: ☐ Tax Collector ☐ Deputy ☐ Assistant

Is this a new designation, designation change or recertification? _____

I have completed the following required courses:

1. SOG Fundamentals of Property Tax Collection Test Score: _____ Date: _____
2. _____ Test Score: _____ Date: _____

I have completed the following elective courses:

1. _____ Date: _____
2. _____ Date: _____

I have enclosed a copy of my oath as an appointed Tax Collector or Deputy

I have enclosed copies of certificates, transcripts and test score documentation for the required and elective courses listed above.

Please enclose a check made payable to:

NCTCA

Send the application, check and supporting documents to:

Carolyn S. Boggs
School of Government
The University of North Carolina at Chapel Hill
CB# 3330 Knapp-Sanders Building
Chapel Hill, NC 27599-3330

I certify that the above information is true and correct to the best of my knowledge:

Signature of Applicant

Date

I hereby certify that to the best of my knowledge the above-listed applicant is eligible for certification in the position for which he or she applied.

Signature of Tax Collector

Date