

ASSESSOR CERTIFICATION APPLICATION FOR AN
EXTENSION OF TIME TO COMPLETE CONTINUING EDUCATION

Pursuant to N.J.S.A. 54:1-35.25b and N.J.A.C. 18:17-2.2, the Director, in his discretion and for good cause shown, may extend the time in which an applicant may complete his continuing education. In order to establish good cause the applicant must:

1. Provide medical evidence, such as a doctor's certification, that the applicant was unable to attend the classes necessary to complete the requirements for continuing education within the time period allowed by statute; or
2. Show that circumstances beyond their control prevented them from completing the requirements for continuing education within the period allowed by statute.

Each request will be reviewed on a case-by-case basis and no action by the Director on a prior or subsequent request shall be deemed precedential.

This request for an extension of time must be submitted with a \$50.00 check or money order, payable to "Treasurer, State of New Jersey." THE APPLICATION FEE IS NOT REFUNDABLE.

Please print or type clearly:

Name: _____

Certification Number: _____ Expiration Date: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Fax No.: _____

Amount of extension requested: _____

Please include a separate document that describes the circumstances that prevented you from completing your continuing education requirements within the time allowed by law. Provide a list of the courses that you have taken with the number of credits that you have completed on the CEU-1 form, and a listing of the names and dates of the courses that you plan to take to complete your requirement on a separate document. Provide any and all documentation to support the circumstances contained in your application.

I certify that the information contained in this application and the supporting documents is accurate and true. I understand that any willful misrepresentation on my part may be grounds for suspension or revocation of my certification. Further, I understand that the Division of Taxation may request proof of my attendance at the above seminars anytime before or after the extension of time granted by the Director.

Signature: _____ Date: _____

Please forward this record to : Property Administration, Division of Taxation, ATTN: Assessor Continuing Education, PO Box 251, Trenton, New Jersey 08695-0251. Please contact the Division of Taxation at (609) 292-7975 if you have any questions concerning completion of the application.