

CERTIFICATION APPLICATION FORM

COMMISSIONERS OF THE REVENUE/DEPUTIES CAREER DEVELOPMENT PROGRAM

This application is to be submitted once you have earned enough points to be certified. **It is not an enrollment form.** Please complete the information requested on this application

Mail: Weldon Cooper Center for Public Service **Fax:** (434) 982-5524

Beth Watson

PO Box 400206

Charlottesville, VA 22904-4206

If you have any questions please call Beth Watson at
(434) 982-2144.

Note: The Certification Fee of \$75 for Commissioners and Deputies. All Deputy applications must be accompanied by a letter-of-recommendation from the Commissioner of Revenue.

NAME (AS YOU WANT IT TO APPEAR ON YOUR CERTIFICATE)

Mr. Mrs. Ms.

Last Name _____ First _____ Middle _____

Commissioner Deputy Commissioner Locality _____

Social Security Number (LAST 4 DIGITS) _____ CRAV member since (MM/DD/YY) _____

OFFICE ADDRESS

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-mail _____

I affirm that the information given on this application and which appears on the annual statement is complete and true to the best of my knowledge.

Signature

Date

OFFICE USE ONLY

Certification Date _____ Date Paid _____ Check # _____ Amount Paid _____