

Assessment Review Board Training Request-Advanced Refreshing Clerks/Members

Applicant Information

_____ First Name _____ Last Name
E-mail Address: _____ Telephone: _____

Course Information

Advanced Member

Advanced Clerk

Municipality/Municipal Organization

Name of Municipality Appointed To: _____
Name of (CAO/Director/Manager) authorizing training:

_____ First Name _____ Last Name
E-mail Address: _____ Telephone: _____

Criteria

You may be eligible for the Advanced Member/Clerk course if:

- i. You have been involved with an average of 10 or more Assessment Complaints per year, for the last 3 years;

Please list the average number for each: LARB: _____ CARB: _____

- ii. Your CAO/Director/Manager signs off on this application.

If you do not meet the specified criteria and would like to be considered for the Advanced Course, please state your reasons as to why you should be considered.

Signature of Applicant

I, _____, of _____, Alberta certify that the information given in this document is truthful.

Signature of Applicant

Date

Signature of CAO/Director/Manager

I, _____, of _____, Alberta support this application for _____ to be placed in the Advanced Member/Clerk Refresher course.

Signature of CAO/Director/Manager

Date