

SPECIAL MAGISTRATE/VAB ATTORNEY APPLICATION
WALTON COUNTY, FLORIDA

PLEASE TYPE OR PRINT. IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS.

1. PROVIDE THE FOLLOWING GENERAL INFORMATION:

NAME: _____

HOME ADDRESS: _____

BUSINESS NAME: _____

BUSINESS PHONE: _____ HOME: _____

FAX: _____ CELL: _____ EMAIL: _____

2. ARE YOU AN ELECTED OR APPOINTED OFFICIAL OR EMPLOYEE OF ANY TAXING AUTHORITY?

_____ YES _____ NO

3. APPLICATION FOR: _____ VAB ATTORNEY

_____ ATTORNEY SPECIAL MAGISTRATE

_____ APPRAISER SPECIAL MAGISTRATE

_____ REAL PROPERTY

_____ TANGIBLE PERSONAL PROPERTY

I AM A STATE CERTIFIED: _____ RESIDENTIAL APPRAISER _____ GENERAL APPRAISER

4. IF YOU ARE A MEMBER OF THE FLORIDA BAR, PLEASE PROVIDE THE FOLLOWING INFORMATION:

BAR NUMBER: _____ DATE OF ADMISSION: _____

LIST ALL SOURCES OF YOUR KNOWLEDGE, INCLUDING EDUCATION AND EXPERIENCE:

LIST ANY DISBARMENT, SUSPENSION OR ANY OTHER DISCIPLINARY ACTION WHICH YOU HAVE RECEIVED FROM ANY ORGANIZED BAR ASSOCIATION:

5. IF YOU ARE CURRENTLY A LICENSED FLORIDA REAL ESTATE BROKER OR A CERTIFIED OR LICENSED FLORIDA REAL ESTATE APPRAISER PURSUANT TO CHAPTER 475, FLORIDA STATUTES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

DESIGNATION: _____

LICENSE OR CERTIFICATION NUMBER: _____

DATE LICENSED OR CERTIFIED: _____

LIST EACH INSTANCE IN WHICH YOU HAVE BEEN FINED, REPRIMANDED, PLACED ON PROBATION, DISCIPLINED OR OTHERWISE PREVENTED FROM CONDUCTING BROKER OR APPRAISAL SERVICES BY THE FLORIDA REAL ESTATE COMMISSION OR THE FLORIDA REAL ESTATE APPRAISAL BOARD:

LIST EACH ORGANIZATION, RECOGNIZED BY THE REAL ESTATE APPRAISAL INDUSTRY OR THE PROFESSIONALS IN THAT FIELD, IN WHICH YOU ARE CURRENTLY OR HAVE PREVIOUSLY BEEN A DESIGNATED MEMBER:

ORGANIZATION	DESIGNATION	DATE RECEIVED DESIGNATION	MEMBERSHIP NUMBER

NOTE: PLEASE PROVIDE SUPPORTING DOCUMENTATION TO VERIFY EACH DESIGNATION LISTED. APPLICATIONS WILL NOT BE CONSIDERED UNTIL VERIFICATION IS RECEIVED BY THE VALUE ADJUSTMENT BOARD.

6. HAVE YOU COMPLETED THE REQUIRED TRAINING BY THE DOR _____
IF SO, PLEASE GIVE DATE OF COMPLETION/EXAMINATION. _____

7. DESCRIBE EXPERIENCE YOU HAVE APPRAISING TANGIBLE PROPERTY:

8. LIST ANY EXPERIENCE AND/OR SPECIALTY FOR THE FOLLOWING PROPERTY TYPE(S):

PROPERTY TYPE	EXPERIENCE/SPECIALTY
RESIDENTIAL REAL PROPERTY	
COMMERCIAL REAL PROPERTY	
TANGIBLE PROPERTY	
OTHER (PLEASE SPECIFY)	

9. IF YOU HAVE PREVIOUSLY SERVED AS A SPECIAL MAGISTRATE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

COUNTY	DATES SERVED

TYPE OF HEARINGS YOUR ARE QUALIFIED TO ADJUDICATE: (CHECK THE APPROPRIATE AREAS)

REAL PROPERTY

TANGIBLE PERSONAL PROPERTY

___ SINGLE FAMILY UNITS

___ COMMERCIAL

___ APARTMENT BUILDINGS

___ INDUSTRIAL

___ INCOME ANALYSIS

___ OTHER

___ CONDOMINIUMS

___ MULTIPLE DWELLINGS

___ COMMERICAL

___ INDUSTRIAL

___ OPEN LAND

10. LIST ANY PERSONAL OR BUSINESS RELATIONSHIP YOU HAVE EVER HAD WITH ANY OFFICER OR EMPLOYEE OF THE OFFICE OF THE PROPERTY APPRAISER, OFFICE OF THE CLERK OF THE CIRCUIT COURT, OFFICE OF THE COUNTY ATTORNEY OR THE VALUE ADJUSTMENT BOARD IN WALTON COUNTY:

11. LIST ANY ADDITIONAL INFORMATION WHICH MAKES YOU QUALIFIED TO SERVE AS A SPECIAL MAGISTRATE:

THE UNDERSIGNED CERTIFIES, UNDER PENALTY OF DISQUALIFICATION FROM CONSIDERATION, THAT EACH ITEM CONTAINED IN THE APPLICATION, OR IN ANY OTHER DOCUMENT FURNISHED BY OR ON BEHALF OF THE APPLICANT IS TRUE AND COMPLETE AS OF THE DATE IT BEARS. THE UNDERSIGNED AUTHORIZES THE VALUE ADJUSTMENT BOARD TO OBTAIN INFORMATION FROM OTHER SOURCES TO VERIFY EACH ITEM CONTAINED HEREIN. THE UNDESIGNED ACKNOWLEDGES THAT IF SELECTED HE/SHE WILL FOLLOW ALL REQUIREMENTS AND MANDATES OF LAW IN FULFILLING THE DUTIES OF SPECIAL MAGISTRATE TO THE VALUE ADJUSTMENT BOARD.

SIGNATURE OF APPLICANT

DATE