



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157
1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871
www.license.state.tx.us - Licensing@license.state.tx.us

APPLICATION FOR:

ONE-YEAR EXTENSION TO MEET PROPERTY TAX PROFESSIONAL REGISTRATION CERTIFICATION

Do Not Write in the Fee Area Immediately Below

Table with 4 columns: RECEIPT NUMBER, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. FEE AMOUNT contains \$25.00 and 'This fee is non-refundable.'

DO NOT WRITE ABOVE THIS LINE

1. Name:

Last First Middle Initial Suffix (JR, SR, III)

2. Registration number: Appraiser Collector Assessor-Collector

3. Qualifying reason for extension request:

- A. I was active military status after the date of my original registration. I was active duty from to. (Enter dates and attach documentation)
B. I took leave under the Family and Medical Leave Act after the date of my original registration. I was on FMLA from to. (Enter dates and give explanation in Section 4. The Department may request further documentation to approve the extension request.)
C. I had a death or illness in my family after the date of my original registration which prevented me from meeting the certification requirements. The death or illness occurred. (Enter date and give explanation in Section 4. The Department may request further documentation to approve the extension request.)
D. I had an unforeseen emergency occur after the date of my original registration which prevented me from meeting the certification requirements. The emergency occurred. (Enter date and give explanation in Section 4. List verifying documentation in Section 5. The Department may request further documentation to approve the extension request.)
E. I am the county tax assessor, chief appraiser, or chief administrative officer of the political subdivision which employs the registrant requesting this extension. I request on behalf of the employee that this extension be granted.

Qualified employer's signature Title Date

F. I am the tax assessor-collector or chief appraiser for County. I request this extension on my own behalf.

4. If instructed above to give an explanation why your reason for an extension request qualifies, do so here:

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5. Please list attached verifying documentation: (see instructions)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**AGREEMENT OF REQUESTOR**

I attest that the information in this extension request is accurate to the best of my knowledge. I agree to comply with all of the requirements of the Property Tax Professional Certification Act. I agree to comply with any and all rules and regulations promulgated by the Department of Licensing and Regulation as required by the Property Taxation Professional Certification Act. I pledge to subscribe and promote the following Code of Ethics:

I will:

(1) be guided by the principle that property taxation should be fair and uniform, and apply all laws, rules, methods, and procedures, in a uniform manner, to all taxpayers;

(2) not accept or solicit any gift, favor, or service that might reasonably tend to influence the registrant in the discharge of official duties, with the following exceptions:

(A) the benefit is used solely to defray the expenses that accrue in the performance of duties or activities in connection with the office which are non-reimbursable by the state or political subdivision;

(B) a political contribution as defined by Title 15 of the Election Code; or

(C) an item with a value of less than \$50, excluding cash or a negotiable instrument;

(3) not use information received in connection with the duties of an appraiser, assessor, or collector for their own purposes, unless such information can be known by ordinary means to any ordinary citizen;

(4) not engage in an official act that is dishonest, misleading, fraudulent, deceptive, or in violation of law;

(5) not conduct their professional duties in a manner that could reasonably be expected to create the appearance of impropriety;

(6) not accept an appraisal, assessment, or collection related assignment that can reasonably be construed as being in conflict with the registrant's responsibility to their jurisdiction, employer, or client, or in which the registrant has an unrevealed personal interest or bias; and

(7) not accept an assignment or responsibility in which the registrant has a personal interest without full disclosure of that interest.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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## INSTRUCTIONS FOR REQUEST FORM FOR A ONE-YEAR EXTENSION TO MEET PROPERTY TAX PROFESSIONAL REGISTRATION CERTIFICATION

### GENERAL INSTRUCTIONS

The request form must be completed and signed by the person requesting the one-year extension. All information provided must be typed or printed in black or blue ink. The request and all attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Please use a paperclip to fasten all pages together, with the check or money order on top. Please do not use staples.

If one check will be used to pay for multiple requests, a Combined Check Worksheet must be completed and submitted with the requests and payment. The Combined Check Worksheet is available on the Department's website.

NAME – Please write your name in the spaces provided. (Last, First, Middle Initial)

SUFFIX – Examples of a suffix include JR, SR, and II. (MR is not a suffix)

REGISTRATION NUMBER— Please write your registration number and select the license type for which you are requesting the extension.

QUALIFYING REASON FOR EXTENSION — Please select which reason qualifies you for the extension, and give dates of occurrence if instructed to do so. If you select you were on FMLA, there was a death or illness in your family, or there was an unforeseen emergency, you must provide an explanation in Box 4.

- Family is considered to mean your spouse, parents, siblings, grandparents, and children, as well as your spouse's parents, siblings, grandparents, and children.
- Illness is considered to mean an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential medical care facility, or continuing treatment by a health care provider.
- Unforeseen emergency means a situation that suddenly and unexpectedly occurred which prevented you from being able to obtain your certification. Whether your situation meets the standard of unforeseen emergency will be at the discretion of the Department's executive director.
- If the county tax assessor, chief appraiser or chief administrator of the political subdivision which employs you is requesting an extension on your behalf, this employer must sign and date the request form in the space provided.

EXPLANATION OF QUALIFYING REASON — If instructed in Box 3 to explain why your reason qualifies for an extension, please explain what occurred and how it adversely affected you obtaining your certification. If more space is needed please attach a separate sheet.

DOCUMENTATION – If you selected qualifying reasons A or D, please attach documentation to verify the reason for your request.

- A. Active military status— If you were a member of the state military forces or a reserve component of the armed forces of the United States, such as the National Guard, and you were ordered to active duty on or after your original registration date. Please provide documentation of the date your active duty began and the date it ended.
- D. Unforeseen emergency— In addition to the explanation of the emergency provided in Box 4, please provide any documentation you may have that will substantiate evidence of the emergency.

SIGNATURE

**Carefully read the statement on the second page of the request form before you sign and date the form. Be aware that information provided on this request form, and any attachments, may be investigated. Providing false information may result in denial or revocation of any future license and the imposition of administrative penalties.**

**FEES**

The fee for this one-year extension request is **\$25**. All fees are non-refundable. Please send one check or money order for the total amount due, payable to TDLR. Fees and documents should be mailed to:

TDLR  
PO BOX 12157  
AUSTIN, TEXAS 78711

**DOCUMENTS SUBMITTED WITH THE REQUEST WILL NOT BE RETURNED. KEEP A COPY OF THE COMPLETED REQUEST FORM, ALL ATTACHMENTS AND YOUR CHECK.**