



Massachusetts Association of Assessing Officers, Inc.
Professional Admissions Committee

CERTIFIED MASSACHUSETTS ASSESSOR (C.M.A.)
Application Form

Please complete the following information. This application form is to be submitted along with the Professional Designation check list, the Professional designation fee and all other required paperwork.

(Please type or print legibly)

(Check one) Mr. Mrs. Ms.

First Name: _____ M.I.: _____ Last Name: _____ Suffix: _____

Date of Birth: _____ (only need month and day)

Primary Jurisdiction: _____ Title: _____

Are you elected or appointed in more than 1 Community? If so:

2nd Jurisdiction: _____ Title: _____

Preferred Address (all notifications will be done via email): Home Office

Primary Work:

Address: _____

City: _____ State: _____ Zip: _____

Work Phone Number: _____ Work E-mail: _____

Home:

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Number: _____

Home E-mail: _____

If applicable: MAA Number: _____ RMA Number: _____

Please be sure to include all appropriate required paperwork, fee and forms and return to:

M.A.A.O.
Attn: Professional Admissions
PO Box 70
Shrewsbury, MA 01545

If you should have any questions about the requirements for your CMA designation, please do not hesitate to contact director@maao.org or at 774-249-8624.

The following is a check list of the requirements for applying for MAAO's Professional Designations. If you are applying, please review the following and be sure to submit the required documentation (please submit this check list along with the Application form). All required information is need prior to consideration for Designation. If you are unsure of the application procedures, please refer to the MAAO Web Site at www.maa.org.

C.M.A. Check List <i>(please be sure to include all items listed)</i>	
	Completion of this application form
	Regular Member of the MAAO – please be sure to check if you are current classified as a Regular member. If you are not, you will need to have your Department Head send in a letter or membership application form changing your membership.
	Be an employee in an assessing jurisdiction in Massachusetts at the time of the application and award.
	No less than three (3) years actual experience as an Assessor, or equivalent duties. <i>(please provide a letter of appointment or election)</i>
	<i>\$50.00 application fee</i>
	Documentation of the following Courses or equivalent. <i>(please include certificate or letter that shows you passed the exam):</i>
	<i>Course 101 – DOR</i>
	<i>Course 200</i>
	<i>Course 1</i>
	<i>Course 2</i>
	<i>Course 3</i>
	<i>Course 4</i>
	<i>Course 5</i>
	<i>Course 6 (required as of 7.1.2019)</i>
	<i>USPAP – 15-hours</i>
	Submit for the review of the Professional Admissions Committee, two (2) complete narrative appraisal of a property(one of which is income producing property), acceptable to the Committee, in which all three (3) approaches to value are utilized.
	Any holder of the C.A.E. designation awarded by the I.A.A.O. who meets the prerequisites shall be designated a Certified Massachusetts Assessor upon payment of the required fee.