



REQUEST FOR WAIVER OF TRAINING CREDIT

FOR REVENUE USE ONLY	
Code	Date Received

Name	Employment Status <input type="checkbox"/> Self-employed or retired <input type="checkbox"/> Employed by _____ County <input type="checkbox"/> Other _____ <small>Name of county</small>
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Purpose of waiver request:

- | | |
|---|--|
| <input type="checkbox"/> Retirement. One time waiver only if retired (good for one, two year education cycle only as per OAR 150-308.010). | <input type="checkbox"/> Military Service. You have been in military service for more than 6 months of the year. |
| <input type="checkbox"/> Illness or Disability. You have been on a leave-of-absence for more than 6 months of the year. | <input type="checkbox"/> Accident or Other Health Problems. Prohibits your ability to complete the Continuing Education requirements. |

You must file your request by **March 31** of the first year in which you are requesting the waiver.

I request this waiver be effective for calendar year beginning _____.

Waiver credit hours requested for:

- Technical _____
- Management _____

Applicant's Signature X	Date
Assessor's or Manager's Approval (if Employed by a County or Department of Revenue) X	Date

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Waiver is: Granted Denied

Credits issued: Technical _____

Management _____

Authorized By X	Date
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Send you waiver requests to:

**Continuing Education
Property Tax Division
Oregon Department of Revenue
955 Center St NE
Salem OR 97309-5075**