



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 <small style="margin-left: 150px;">Name of county</small> <input type="checkbox"/> Other _____
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Purpose of waiver request:

<input type="checkbox"/> Retirement. You have been retired 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"/> Military Service. You have been in military service 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.
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You must file your request by December 31 of the year in which you are requesting the waiver. I request this waiver be effective for calendar year _____.	Waiver credit hours requested for: <input type="checkbox"/> Technical _____ <input type="checkbox"/> Management _____
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Applicant's Signature X	Date
Assessor's or Manager's Approval (if Employed by a County or Department of Revenue) X	Date

<p style="text-align: center;">FOR REVENUE USE ONLY</p> Waiver is: <input type="checkbox"/> Granted <input type="checkbox"/> Denied Credits issued: <input type="checkbox"/> Technical _____ <input type="checkbox"/> Management _____	Send your waiver requests to: <p style="text-align: center;">Continuing Education Property Tax Division Oregon Department of Revenue 955 Center St NE Salem OR 97309-5075</p>
Authorized By X	Date