

GREGG APPRAISAL DISTRICT  
 4367 W LOOP 281  
 LONGVIEW, TEXAS 75604  
 903-238-8823

## Application for Appointment to the APPRAISAL REVIEW BOARD FOR GREGG COUNTY

Read and answer each question carefully. Your answers will be used to determine your legal eligibility for appointment and qualifications for service on the board.

### Applicant Information

Name (Last, First, Middle Initial)	Telephone Number
Mailing Address (PO Box or Address)	Daytime (    ) <span style="float: right;">Evening (    )</span>
City	E-Mail Address
Social Security Number	State and Zip Code
	Texas Drivers License Number

### Education and Training

Name of School, City, State	Dates Attended Mo/Yr to Mo/Yr	Major/Minor	Semester Hours Earned	Diploma or Degree Awarded

List any other training, qualities, or attributes you consider relevant, including offices held, awards, honors, professional memberships

### Most Current Employment History

Present/Most Recent Employer	Position
Address	Dates Employed (From mo/yr to mo/yr)
Supervisor's Name	Supervisor's Title
Number of Employees Supervised	Reason for Leaving
Directly <span style="margin-left: 100px;">Indirectly</span>	
Summary of Duties	

## Eligibility

In order to ensure that ARB members are impartial, the law puts a number of limits on who can serve as ARB members. Your answers to these questions will determine whether you are legally eligible to serve on the ARB. Check "Yes" or "no". If you are not sure, write "not sure".

1.	Have you resided in the boundaries of the Gregg County Appraisal District for at least two years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Are you a current or former employee of a local government, appraisal district of the Texas Comptroller of Public Accounts <u>or</u> a current or former member of the governing body of a local government or appraisal district?  If "Yes", give last date of service and entity served _____ If appointed, you may not be employed by any local government in any capacity during your tenure on the ARB.	<input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Is anyone in your immediate family employed by the Gregg Appraisal District, a member of the Board of Directors of the appraisal district, a paid property tax consultant doing business within the appraisal district, or a fee appraiser performing appraisals for use in property tax proceedings in the appraisal district?  If "Yes", give name and relationship _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Have you previously appeared before the Gregg County Appraisal Review Board for compensation (i.e., as a tax consultant, accountant, appraiser, or representative of a property owner)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	Do you, your spouse or business in which you or your spouse own a substantial interest have a contract with a local government or an appraisal district?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Do you or your spouse own an interest in property on which delinquent taxes are due and the tax is not deferred or being paid under an installment agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO

## Activities and Honors

Briefly list any activities you are currently or have previously been involved in.

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Briefly list any designations or honors you have received.

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**Optional Statement**

Briefly state why you are considering appointment to the Appraisal Review Board.

**Signature and Affirmation**

I affirm that the information contained in this application and all attachments, if any, is accurate and complete to the best of my knowledge and belief. I further affirm that, to the best of my knowledge and belief, I am not disqualified by law from accepting an appointment to the Appraisal Review Board of Gregg County. I understand that, if appointed, I must not be employed by any local government during my tenure; I also understand there is an attendance requirement at called meetings of the Appraisal Review Board with a maximum of two days absent each year.

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Printed Name

Applicant Signature

Date