



Elaine F. Marshall  
Secretary

# North Carolina Department of the Secretary of State Renewal Application for State Certified Property Mapper

You must complete the entire form

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Date Employed: \_\_\_\_\_  
mm/dd/yyyy

Job Title: \_\_\_\_\_

Are you currently a State Certified Property Mapper? Yes \_\_\_ No \_\_\_ Certification Number: \_\_\_\_\_ Date Certified: \_\_\_\_\_  
mm/dd/yyyy

Please provide a brief description of your general job duties (attach additional sheets if necessary):

List all approved courses, workshops, seminars, conferences, etc. you have attended for certification renewal. (Attach additional sheets if necessary) You must include the dates you attended these programs and the number of hours you attended. You must submit proof of attendance with this form.

<u>Course</u>	<u>Date Attended</u>	<u>Hours Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

You must submit a check or money order for \$20 with this form. Please make your check or money order payable to the *State of North Carolina/General Fund*. Completed form, attachments, and fees should be mailed to:  
NC Department of the Secretary of State  
Land Records Management Division  
P.O. Box 29626  
Raleigh, NC 27626

*I hereby certify that the information contained in this application is true and correct to the best of my knowledge:*

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_