



Elaine F. Marshall  
Secretary

# North Carolina Department of the Secretary of State Initial 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: \_\_\_\_\_

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

Are You 18 years old or older? Yes\_\_\_\_ No\_\_\_\_ Are you a high school grad or equivalent? Yes\_\_\_\_ No\_\_\_\_

Are you certified as a NCPMA Mapper/Senior Mapper? Yes\_\_\_\_ No\_\_\_\_ If yes, date certified:\_\_\_\_\_

mm/dd/yyyy

Have you taken and passed the NCPMA Mapping School? Yes\_\_\_\_ No\_\_\_\_

Have you taken and passed the Fundamentals of Listing and Assessing at the School of Government? Yes\_\_\_\_ No\_\_\_\_

Please attach proof of attendance at these two classes.

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: \_\_\_\_\_

Note: Unsigned or undated forms will not be processed