

OPV TRAINING BRANCH REQUEST FOR TRAINING CREDIT

Requests must be submitted at least 14 days prior to the event to
TraceyL.Bonzo@ky.gov or David.Best@ky.gov or fax 502-564-8368

COURSE INFORMATION

Please attach a copy of the training agenda or outline.

Training Course Title: _____
Training Dates: _____ Hours of Instruction: _____
Vendor/Organization: _____ Telephone: _____
Contact Person: _____ Email: _____

Location/
Mailing Address: _____

Registration Fee: Yes No If yes, amount: \$ _____

Attendance Documentation: Certificate: Yes No
Other: _____

Please describe the specific learning objectives and how the content
pertains to improving the job knowledge or skills of a local elected official.

PVA INFORMATION

County: _____
Name: _____ Title: _____
Office Phone: _____ Fax: _____
Email address: _____

FOR DEPARTMENT OF PROPERTY VALUATION USE ONLY

Approved _____ Date _____
Denied _____ Date _____
Hours Allowed _____