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 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 _____