



**REQUEST FOR EDUCATION CREDITS**  
NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER  
SFN 24790 (6-2015)

**Complete one form for each course requesting credits**

Name of Attendee		
Mailing Address		
City	State	ZIP Code
Jurisdiction		Date of Appointment

**Course Information**

Course Title	Number of Credit Hours
Sponsor	Date
Location	Certification or Continuing Education (pick one)
Description of Course	

**Please attach a course agenda and certificate of completion**

I certify that I have completed the above course/seminar and request that the hours be transferred to my education record for certification or continuing education.

Signature	Date
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