

**SPECIAL MAGISTRATE NOTICE OF INTENT TO RETURN  
PALM BEACH COUNTY VALUE ADJUSTMENT BOARD**

VAB SEASON: 20\_\_\_\_\_

Name of Special Magistrate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I hereby provide formal notice of my intent to serve as a Special Magistrate for the upcoming Palm Beach County Value Adjustment Board season.

I understand that:

1. Appointment is subject to approval by the Palm Beach County Value Adjustment Board.
2. I must continue to meet all statutory qualifications required under § 194.035, Fla. Stat.
3. Execution of a contract and compliance with all applicable VAB procedures and policies are required prior to assignment of petitions.

I respectfully request consideration for renewal of my appointment for the upcoming VAB season.

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

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

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

**SPECIAL MAGISTRATE CERTIFICATION OF QUALIFICATIONS, CONFLICT  
DISCLOSURE, AND COMPENSATION ACKNOWLEDGMENT  
PALM BEACH COUNTY VALUE ADJUSTMENT BOARD**

VAB SEASON: 20 \_\_\_\_\_

Name of Special Magistrate: \_\_\_\_\_

I hereby certify as follows:

- 1. Qualifications.** I continue to meet all statutory qualifications required to serve as a Special Magistrate for the Palm Beach County Value Adjustment Board (“VAB”) under § 194.035, Fla. Stat., including all applicable licensure and professional requirements.
- 2. Licensure.** My professional license is active and in good standing, and I am not currently subject to suspension, restriction, or disciplinary action that would impair my ability to serve.
- 3. Conflicts of Interest.** I have no actual or potential conflicts of interest that would preclude me from serving as a Special Magistrate for the VAB. I agree to promptly disclose in writing any actual or potential conflict that arise during the VAB season and to recuse myself where required.
- 4. Independence and Impartiality.** I agree to conduct all hearings in a fair, impartial, and independent manner in accordance with Florida law and applicable VAB procedures.
- 5. Compensation Acknowledgment.** I understand that compensation rates and contractual terms are subject to approval by the VAB and are not guaranteed until formally approved.
- 6. Required Documentation and Annual Submissions.** I agree to timely provide to the VAB all documentation and information required for annual appointment and service, including without limitation: **(a)** current Florida Department of Revenue VAB training certificate; **(b)** proof of professional licensure in good standing; **(c)** completed IRS Form W-9 (or updated W-9 if information has changed); **(d)** any vendor registration or payment authorization forms required by the VAB; **(e)** any certificate of insurance or proof of coverage required under my contract, if applicable; and **(f)** execution of the annual Special Magistrate contract approved by the VAB.

I understand that failure to timely provide required documentation may result in delay or denial of my appointment or assignment of petitions.

I certify that the foregoing is true and correct.

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

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

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