

APPLICATION FOR TEMPORARY CERTIFICATION REVALUATION EMPLOYEE



Applicant Information

| | | | | | |
|--|--------|---------|--------|-----------------------|-----------------------|
| NAME OF APPLICANT | (LAST) | (FIRST) | (M.I.) | BUSINESS PHONE () | PERSONAL PHONE () |
| BUSINESS ADDRESS (NO AND STREET) | | | | (CITY) | (STATE) (ZIP+4) |
| HOME ADDRESS (NO AND STREET) | | | | (CITY) | (STATE) (ZIP+4) |
| CERTIFICATE SHOULD BE SENT TO: <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS | | | | E-MAIL: | |

Indicate the type(s) of certification for which you are applying:

- Land/Residential
 Commercial/Industrial
 Personal Property
 Supervisor

Qualifying Experience

Starting with your current employer, list your appraisal/assessment employment history for the past five (5) years. Experience in the fields of assessing, revaluation or appraising shall include employment as a real estate appraiser, real estate broker, real estate salesperson, assessor, assistant assessor, or data collector for a municipal revaluation company or an appraiser for a municipal revaluation company.

A resume can be substituted – please attach and note here that information is contained on attached resume.

| Employer Name Address & Telephone | Position | Description of Duties | Dates | | Valuation? (X) |
|--------------------------------------|----------|-----------------------|-------|----|-------------------|
| | | | From | To | |
| Employer: Address: Telephone: | | | | | |
| Employer: Address: Telephone: | | | | | |
| Employer: Address: Telephone: | | | | | |

Signature **X** _____ Date _____

Print Name: _____

Qualifying Education

Starting with your most recent education -list your scholastic, appraisal and assessment education history.

A resume can be substituted in place of completing this portion– please attach and note here

| Institution | Name of Course Or Degree | Dates | |
|-------------|--------------------------|-------|----|
| | | From | To |
| | | | |
| | | | |
| | | | |
| | | | |

I certify that the information I have provided is true and accurate and that I am aware that this temporary certification may be suspended for misrepresentation, false or fraudulent information. I understand that the temporary certification cannot be for a period of more than 180 days.

Applicant Signature _____ Title _____ Date _____

This application **MUST** be co-signed by an official of a Connecticut Certified Revaluation Company.

Official Signature: X _____ Title: _____

Company Name: _____ Date: _____

E-Mail Address: _____ Phone: _____

OPM USE ONLY

Application Approved

Application Denied

Comments: _____

Length of Temporary Certification: _____

Expiration Date: _____

OPM Staff Signature: _____

Date: _____