

# APPLICATION FOR RENEWAL OF REVALUATION COMPANY CERTIFICATION



## Company Information

Firm Name:			
Social Security or Federal Employer Identification Number:			
Business Address:	(Street)	(City/Town)	(State) (ZIP + 4)
Business Telephone Number		Personal Phone Number:	
E-Mail Address:	Website Address:		

## Non-Resident Information

If non-resident, complete the following items. If Connecticut resident skip this section.

Does applicant maintain a place of business in Connecticut?				Yes	No
<b>If yes</b> , give Connecticut address:					
Business Address: (No. Street or PO Box)	(City/Town)	(State)	(Zip + 4)		
Business Telephone Number:		Personal Phone Number			

## Compliance Information

Has any complaint been filed in the past five years against the applicant/company within Connecticut or any other state or the District of Columbia?				Yes	No	<b><u>If yes</u></b> , provide statement and attach to this application.	
Pursuant to 12-2b-4, Revaluation Companies are required to file Annual Reports for all 5 years preceding the date of this application. If Annual Reports are not filed, the company recertification may be withheld or revoked.							
Have Annual Reports been filed in each of the five years preceding this application?						Yes	No
Does applicant agree to promptly return any certificate when required, and to conform to all rules and regulations promulgated by the Office of Policy & Management?				Yes	No		

## Certification Information

Type of re-certification requested:

- |                   |                      |
|-------------------|----------------------|
| Real Property     | Complete Part A      |
| Personal Property | Complete Part B      |
| Both              | Complete Parts A & B |

List the information below for the individual in your organization holding the appropriate Certification.

A	Residential/Vacant Land	Name:
	Commercial/Industrial	Name:
	Supervisor	Name:
B	Personal Property	Name:

## Completed Revaluations for Prior Five Year Period

Give the name of each revaluation performed in the State of Connecticut in the five (5) years prior to the date of this application.

	Municipality	Grand List Date	Number of Parcels	Type: Real/Personal/Both
1				Real    Personal    Both
2				Real    Personal    Both
3				Real    Personal    Both
4				Real    Personal    Both

*(Attach an additional sheet(s) if necessary)*

## Revaluations Currently Under Contract

Give the name of each municipality that your company has presently under contract.

	Municipality	Grand List Date	Number of Parcels	Type: Real/Personal/Both
1				Real    Personal    Both
2				Real    Personal    Both
3				Real    Personal    Both
4				Real    Personal    Both

*(Attach an additional sheet(s) if necessary)*

## Listing of Certified Revaluation Employees

Give the name of each employee that is certified by the State of Connecticut and check the type(s) of Certification they possess.

	Employee Name	Residential/ Land	Commercial/ Industrial	Personal Property	Supervisor
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(Attach an additional sheet(s) if necessary.)*

*I, the applicant or duly authorized member of the partnership or officer of the corporation or company on behalf of which the above application is made, being duly sworn according to law, depose and say that the answers set forth above are true to the best of my knowledge and belief and that this application is made for the purpose of the issuance of this certificate request. The applicant hereby agrees and consents that suits and actions may be commenced against such applicant in the proper court in any county of the State of Connecticut in which a cause of action may arise or in which the plaintiff may reside.*

Signature **X** \_\_\_\_\_

\_\_\_\_\_ Title

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

\_\_\_\_\_ Date

*Sworn and subscribed to before me at:*

State of \_\_\_\_\_ County of \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public My Commission Expires \_\_\_\_\_