

APPLICATION FOR RENEWAL OF REVALUATION EMPLOYEE CERTIFICATION



Applicant Information

NAME OF APPLICANT	(LAST)	(FIRST)	(M.I.)	BUSINESS TELEPHONE	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:				E-MAIL:	
		HOME	BUSINESS		

Certification Information

Type(s) of Certification for Renewal:

Land/Residential Commercial/Industrial Personal Property Supervisor

Certificate # _____ Expiration Date: _____

In the last five years have you been a) the subject of a criminal investigation or proceeding; b) the subject of a complaint to the Office of Policy and Management; c) been subjected to any disciplinary proceeding; d) been refused certification or had your certification suspended or revoked; e) have you been or are you under investigation or are any actions listed above pending or f) are you aware of any acts or omissions which could lead to any of the actions listed above Yes No

Qualifying Experience

In accordance with Section 12-2b-8 and Section 12-2b-11(c) of the Regulations of the Office of Policy and Management, an individual applying for a renewal of certification must have been engaged in the valuation of Residential or Personal Property for at least two (2) years, Commercial/Industrial or Supervisor for at least three (3) years, of the preceding five year period. Starting with your current employer, list your **complete** employment history for the past five (5) years. Place an **"X"** next to each item considered as valuation employment/experience.

Qualifying Experience, Continued

Employer Name Address & Telephone	Position	Description of Duties	Dates		Valuation? (X)
			From	To	
Employer: Address: Telephone:					
Employer: Address: Telephone:					
Employer: Address: Telephone:					
Employer: Address: Telephone:					
Employer: Address: Telephone:					
Employer: Address: Telephone:					
(attach additional sheet if needed)			Years	Months	
		Total Accumulated Employment Time			
		Total Accumulated Valuation Employment			

I certify that the above information I provided is true and accurate and that I am aware that certification may be suspended for misrepresentation, false or fraudulent information.

Signature **X** _____

Date _____

Print Name _____

OPM USE ONLY

Application Approved

Application Denied

Comments:

OPM Staff Signature: _____

Date: ___/___/___