

APPLICATION FOR REVALUATION CERTIFICATION EXAMINATION



Applicant Information

| | | |
|--|------------------------|--------------------|
| NAME OF APPLICANT (LAST) (FIRST) | BUSINESS TELEPHONE () | PERSONAL PHONE () |
| ADDRESS (NO AND STREET) | (CITY) (STATE) (ZIP+4) | |
| ADDRESS (Where Exam results should be sent, if different from above) | E-MAIL: | |

Qualifying Experience

In accordance with Section 12-2b-8 of the Regulations of the Office of Policy and Management, an individual applying for a certification must have experience in the field of assessing, revaluation or appraising of Residential or Personal Property for at least two (2) years, Commercial/Industrial or Supervisor for at least three (3) years. Starting with your current employer, list your **complete** employment history for the past five (5) years. Place an "X" next to each item to be considered as valuation employment/experience. *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, Data Collector or Appraiser for a municipality or revaluation company.*

| Company Name Address & Telephone | Title | Description of Duties | Dates | | Valuation (X) |
|--------------------------------------|-------|--|-------|--------|---------------|
| | | | From | To | |
| (Continue on reverse side as needed) | | | Years | Months | |
| | | Total Accumulated Employment Time | | | |
| | | Total Accumulated Valuation Employment | | | |

INDICATE THE EXAMINATION(S) AND TIME FOR WHICH YOU ARE APPLYING:

Please note that applicants are allowed to complete only one examination per session.

| | | | |
|--|-----------------------------|-----------------------------|---|
| <input type="checkbox"/> LAND/RESIDENTIAL | Morning Session | Afternoon Session | * Must possess BOTH the Land/Residential and Commercial/Industrial Certifications |
| <input type="checkbox"/> COMMERCIAL/INDUSTRIAL | <input type="checkbox"/> AM | <input type="checkbox"/> PM | |
| <input type="checkbox"/> PERSONAL PROPERTY | <input type="checkbox"/> AM | <input type="checkbox"/> PM | |
| <input type="checkbox"/> SUPERVISOR * | <input type="checkbox"/> AM | <input type="checkbox"/> PM | |

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

Signature **X** _____ Title _____ Date: _____

Print Name _____