APPLICATION FOR REVALUATION CERTIFICATION EXAMINATION

Applicant Information

<table>
<thead>
<tr>
<th>NAME OF APPLICANT (LAST)</th>
<th>(FIRST)</th>
<th>BUSINESS TELEPHONE</th>
<th>PERSONAL PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(CITY)</td>
<td>(STATE)</td>
</tr>
<tr>
<td>ADDRESS</td>
<td></td>
<td>(ZIP+4)</td>
<td></td>
</tr>
<tr>
<td>(NO AND STREET)</td>
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<tr>
<td>(Where Exam results should be sent, if different from above)</td>
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<tr>
<td>E-MAIL:</td>
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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.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Title</th>
<th>Description of Duties</th>
<th>Dates</th>
<th>Valuation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address &amp; Telephone</td>
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<td></td>
<td></td>
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<tr>
<td>From</td>
<td>To</td>
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(Continue on reverse side as needed)

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.

- LAND/RESIDENTIAL
- COMMERCIAL/INDUSTRIAL
- PERSONAL PROPERTY
- SUPERVISOR *

Morning Session | Afternoon Session
AM | PM
AM | PM
AM | PM
AM | PM

* Must possess BOTH the Land/Residential and Commercial/Industrial Certifications

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 ___________________________

M-56 Revised 11/2018

OFFICE OF POLICY AND MANAGEMENT
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