

# 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)
HOME ADDRESS (NO AND STREET)				(CITY)	(STATE) (ZIP)
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: \_\_\_\_\_