

REVALUATION CERTIFICATION COURSE APPROVAL REQUEST



Name of Person Requesting Approval: _____
Address: _____ City /Town: _____ State: _____ Zip: _____
Phone: _____
E-mail Address: _____

Course Information

Title of Course: _____

Hours Dedicated to Property Assessment and/or Appraisal: _____
(Minimum of two (2) hours)

Type of Instruction

Classroom Online Video/Satellite Other (Explain): _____

Course Description: A Course Syllabus and/or Course Outline must be attached.

Sponsor Information

Sponsoring Group/Agency: _____

Contact Name: _____

Contact Phone Number: _____ E-Mail Address: _____

Name of Instructor: _____

I certify that the information provided is true and accurate to the best of my knowledge. I am aware that any misrepresentation of this information subjects me to potential disciplinary action.

Signature _____ Date _____

OPM USE ONLY

Approved Denied OPM Signature: _____ Date: _____

Notes:

Please send completed application Jennifer.Gauthier@ct.gov