

# REVALUATION CERTIFICATION COURSE APPROVAL REQUEST



Applicant Information			
Applicant's Name:			
Mailing Address: City, State, ZIP			
Phone Number:		E-Mail Address:	

Sponsoring Organization			
Sponsoring Organization:			
Contact Name:			
Contact Phone Number:		Email Address:	

Course Information			
Course Title:			
Number of Hours Dedicated to Property Assessment and/or Appraisal			
Type of Instruction	<input checked="" type="checkbox"/> check appropriate box		
In Person	Virtual	Video/Satellite	Other (Explain): _____
Course Description:  (A course syllabus and/or Course outline must be attached)			
Instructor Name (If known):			
Dates Offered (If known):			
Location (If known):			

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Send completed application electronically to [OPMIGPP@ct.gov](mailto:OPMIGPP@ct.gov)**