

# APPLICATION FOR REVALUATION CERTIFICATION EXAMINATION



## Applicant Information

Name of Applicant:	Telephone:	Alternate Phone:
Address:	City/Town:	State: ZIP:
Address:(Where Exam results should be sent, if different from above)	E-Mail:	

## Qualifying Experience

Pursuant to Section 12-2b-8 of the Regulations of the State of Connecticut, an individual applying for a certification must have experience in the field of assessing, revaluation or appraisal of Residential Real Estate or Personal Property for at least two (2) years, or the valuation of Commercial and Industrial Real Estate or Revaluation Supervision for at least three (3) years. Starting with your current employer, list your **complete** employment history for the past five (5) years.

Company Name Address & Telephone	Position Held	Description of Duties	Dates		Total Years	Valuation Years
			From	To		

(attach resume if necessary)

**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 <input type="checkbox"/> COMMERCIAL/INDUSTRIAL <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> SUPERVISOR *	Morning Session <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM	Afternoon Session <input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> PM	* Must possess <b>BOTH</b> the <u><b>Land/Residential</b></u> and <u><b>Commercial/Industrial</b></u> Certifications
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*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 \_\_\_\_\_

Date: \_\_\_\_\_

Print Name \_\_\_\_\_

**Send completed application and necessary attachments no later than February 27, 2024 electronically to  
Jennifer.Gauthier@ct.gov  
No late applications will be accepted.**