

APPLICATION FOR RENEWAL OF REVALUATION EMPLOYEE CERTIFICATION 2024



Applicant Information

Name of Applicant:	Telephone:	Alternate Phone:
Home Address:	City/Town:	State: Zip:
Applicant E-mail:		

Recertification Type

Certification Type	Certificate Number	Expiration Date
Land/Residential	_____	_____
Commercial/Industrial	_____	_____
Personal Property	_____	_____
Supervisor	_____	_____

In the last five (5) years have you been a) the subject of a criminal investigation or proceeding; b) the subject of a complaint to the Office of Policy and Management; c) been subjected to any disciplinary proceeding; d) been refused certification or had your certification suspended or revoked; e) have you been or are you under investigation or are any actions listed above pending or f) are you aware of any acts or omissions which could lead to any of the actions listed above? Yes No

If yes, describe: _____

Qualifying Experience

Please list courses proving successful completion of at least fifty (50) hours of property assessment or appraisal courses or workshops. Attach proof(s) of attendance or completion. Attach Additional sheets if necessary.

Name of Course	Date of Course	Location	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Course	Date of Course	Location	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pursuant to Section 12-2b-11 of the Regulations of the State of Connecticut, I hereby certify that the above information I provided is true and accurate. I am aware that certification may be suspended or revoked for providing false or fraudulent information.

Signature _____

Print Name _____

Date _____

OPM USE ONLY

Approved _____ Denied _____ OPM Signature: _____ Date: _____

Comments: _____

Send completed application on or before April 25, 2024 electronically to Jennifer.Gauthier@ct.gov