

## APPLICATION FOR WAIVER

### REVALUATION CERTIFICATION EXAMINATION



**CONNECTICUT**  
Policy and Management

Applicant Information	
Name of Applicant:	Telephone Number:
Mailing Address:	City/Town:      State:      ZIP:
Personal Email Address:	Work Email Address:
Employer:	Company Contact:
Company Address:	Contact Email Address:

### Waiver Requirements

**Waiver of Examination Requirements** - Application to waive the examination requirements, as set forth in §12-2b-10 of the Regulations of Connecticut State Agencies shall be made to the Secretary. The examination may be waived by the Secretary for an applicant who has obtained a designation from an appraisal sponsor of the Appraisal Foundation. Such designation shall have been obtained through a combination of both an examination and the writing of a demonstration narrative appraisal report for examination waiver requested: land/residential, commercial/industrial, or personal property. The supervisor examination may be waived as stated in subsection (f) of §12-2b-8 of the Regulations of Connecticut State Agencies for those applicants that hold a designation related to mass appraisal project supervision.

**The Sponsoring Organizations of the Appraisal Foundations are:** American Society of Appraisers, American Society of Farm Managers & Rural Appraisers, Appraisal Institute, International Association of Assessing Officers, International Right of Way Association, National Association of Independent Fee Appraisers, and National Association of Master Appraisers.

**Issuance of Certificate**. In accordance with § 12-2b-11, upon satisfactory fulfillment by an applicant of the requirements, the Secretary shall issue to the applicant an appropriate certificate designating his or her competency.

Such certificate shall be valid for five years and shall expire on April 30th in the fifth year of certification.

### Type of Waiver Requested

Indicate below the requested waiver and include the Sponsoring Organization, your designation and date of certification. To be considered for a waiver, you must include a copy of your certification from the sponsoring organization. If the certificate date is more than five (5) years old, include a current letter of Good Standing.

Designation Type	<input checked="" type="checkbox"/>	Sponsoring Organization	Designation	Date Designation Achieved
Land/Residential				
Commercial/Industrial				
Personal Property				
Supervisor				

**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

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

\_\_\_\_\_  
Date

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