

# APPLICATION FOR CERTIFICATION AS A REVALUATION COMPANY



## Company Information

Legal Company Name:	Responsible Party:	FEIN:
Individual      Corporation      Partnership      Association      LLC		
If corporation, list the State name in which incorporated.		
Is the business registered with the Secretary of State in Connecticut? If so please list Company ID.		
Business Address:	City/Town:	State:      Zip:
Business Telephone Number:		Alternate Telephone Number:
E-Mail Address:		Web Site Address:

## Non-Resident Information

Complete this section **ONLY** if you are a non-resident. If Connecticut resident, skip to the next section

Does applicant maintain a place of business in Connecticut?	Yes	No
If yes, provide Connecticut address:	City/Town:	State:      Zip:
Business Telephone Number:		Alternate Phone Number:

## Compliance Information

Has any complaint been filed in the past five (5) years against the applicant within Connecticut, or any other state or the District of Columbia?	Yes	No
If yes, describe. (Attach additional sheets if necessary)		
Does applicant agree to promptly return any certificate(s) when required, and to conform to all rules and regulations promulgated by the Office of Policy & Management?		
	Yes	No

## Certification Information

Type of certification requested:

- Real Property      Complete Part A
- Personal Property   Complete Part B
- Both                      Complete Parts A & B

List the information below for the individual in your organization holding the appropriate Certification.

<b>A</b>	Residential/Land Valuation	Name & Certificate #:
	Commercial/Industrial Valuation	Name & Certificate #:
	Supervisor	Name & Certificate #:
<b>B</b>	Personal Property	Name & Certificate #:

## Partnership, Association, or LLC Members

Identify each principal or member. If a corporation, give the name and address of each officer and director.

Name	Title	Address	Phone Number

*(Attach additional sheets if necessary)*

*Pursuant to Section 12-2b-2 of the Regulations of the State of Connecticut, I the applicant or duly authorized member of the partnership or officer of the corporation on behalf of which the above application is made, being duly sworn according to law, depose and say that the answers set forth above are true to the best of my knowledge and belief and that this application is made for the purpose of the issuance of the certificate request. The applicant hereby agrees and consents that suits and actions may be commenced against such applicant in the proper court in the State of Connecticut in which a cause of action may arise or in which the plaintiff may reside.*

Signature: \_\_\_\_\_ Title \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

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***OPM USE ONLY***

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Approved      Denied      OPM Signature: \_\_\_\_\_      Date: \_\_\_\_\_

Notes: \_\_\_\_\_

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**Please send completed application electronically to [Jennifer.Gauthier@ct.gov](mailto:Jennifer.Gauthier@ct.gov)**