

# APPLICATION FOR CERTIFICATION REVALUATION COMPANY



<b>Company Information</b>									
Company Name:									
Federal Employer Identification Number:									
Company Type:									
	Individual		Corporation		Partnership		Association		LLC
List State in which the company is registered and indicate company's identification number.						State	Identification Number		
If the Company has a physical presence in Connecticut, please provide a current physical office address:									
If the Company does not have a physical presence in Connecticut, please provide office address for the Business's Main Office:									
Mailing Address (If Different):									
Business Phone Number:					Personal Phone Number:				
E-Mail Address:					Website Address:				

<b>Compliance Information</b>	
Has any complaint been filed in the past five (5) years against the applicant/company within Connecticut or any other state or the District of Columbia?	
	<div style="display: flex; justify-content: space-between;"> <span>Yes</span> <span>No</span> </div>
<p>If yes, provide brief statement below, and attach additional sheets if necessary.</p>	

### Certification Information

List information for the **individual(s) in your organization that are responsible** for holding the appropriate Certifications to maintain compliance in the following areas.

**Note:** Certified Employees will be listed in a subsequent section, do not report here.

*(Attach additional sheets if necessary)*

**Real Property Valuations** - Complete **Part A** Only

**Personal Property Valuations** - Complete **Part B** Only

**Real and Personal Property Valuations** - Complete **Parts A and B**

*(Attach additional sheets if necessary)*

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

### Partnership, Association and LLC Members

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

*(Attach additional sheets if necessary)*

Name	Title	Address	Phone Number	Email Address

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date

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