# APPLICATION FOR RENEWAL OF REVALUATION COMPANY CERTIFICATION 2024



#### **Company Information**

Company Name:				
Federal Employer Identification Numb	er:			
Business Address:	City/Town:	State:	Zip:	
Business Phone Number:		Alternate Ph	none Number:	
E-Mail Address:	Website A	Address:		

## Non-Resident Information

If non-resident, complete the following items. If Connecticut resident skip this section.

Does applicant maintain a place of business in Connectic	ut? Yes N	ю	
If yes, provide Connecticut address:			
Business Address:	City/Town:	State:	Zip:
Business Phone Number:	· · ·	Alternate Phone Number:	

# **Compliance Information**

Has any complaint been filed in the past five (5) ye	ears against	the app	licant/company within Con	necticut or any other state or		
the District of Columbia?	Yes	No	If yes, provide statement an	d attach to this application.		
Pursuant to Regulations Section 12-2b-4, Revaluation Companies are required to file Annual Reports for all five (5) years preceding the date of this application. If Annual Reports are not filed, the company recertification may be withheld or revoked. Have Annual Reports been filed in each of the five (5) years preceding this application?						
			Yes	No		
Does applicant agree to promptly return any certificate when required, and to conform to all rules and regulations promulgated by						
the Office of Policy & Management?			Yes	No		

## Certification Information

Type of re-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.

	Residential/Vacant Land	Name & Certificate #:
А	Commercial/Industrial	Name & Certificate #:
	Supervisor	Name & Certificate #:
В	Personal Property	Name & Certificate #:

# Completed Revaluations for Prior Five Year Period

List each revaluation performed in the State of Connecticut in the five (5) years prior to the date of this application.

	Municipality	Grand List Date	Number of Parcels	Type: Real/Personal/Both		
1				Real	Personal	Both
2				Real	Personal	Both
3				Real	Personal	Both
4				Real	Personal	Both

(Attach an additional sheet(s) if necessary)

#### **Revaluations Currently Under Contract**

List each revaluation that your company has presently under contract in the State of Connecticut.

	Municipality	Grand List Date	Number of Parcels	Type: Real/Personal/Both		
1				Real	Personal	Both
2				Real	Personal	Both
3				Real	Personal	Both
4				Real	Personal	Both

(Attach an additional sheet(s) if necessary)

### Listing of Certified Revaluation Employees

List the names of each employee that holds a Revaluation Certification from the State of Connecticut and indicate the type(s) of Certification they possess.

	Employee Name & Certificate #	Residential/ Land	Commercial/ Industrial	Personal Property	Supervisor
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

(Attach an additional sheet(s) if necessary.)

I, 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, 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 this 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

#### Send completed application on or before February 29, 2024 electronically to Jennifer.Gauthier@ct.gov