



## 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.

A	Residential/Vacant Land	Name & Certificate #:
	Commercial/Industrial	Name & Certificate #:
	Supervisor	Name & Certificate #:
B	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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(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

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**Send completed application on or before February 29, 2024 electronically to [Jennifer.Gauthier@ct.gov](mailto:Jennifer.Gauthier@ct.gov)**

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