APPLICATION FOR TEMPORARY CERTIFICATION REVALUATION EMPLOYEE



Applicant Information						
Name of Applicant:			Phone:	Alterr	nate Phone:	
Address:			City/Town:	ty/Town: State: Zip:		
E-Mail:			-			
Certificate should be mailed to: Home Business as listed on page 2						
Indicate the type(s) of certification for which you are applying: Land/Residential Commercial/Industrial Personal Property Supervisor						
Qualifying Experience						
Experience in the fields of assessing, revaluation or appraising is required and shall include employment as a real estate appraiser, real estate broker, real estate salesperson, assessor, assistant assessor, or as a data collector or appraiser for a municipal revaluation company. Attach a copy of your current resume.						
Qualifying Education						
Please list your scholastic, appraisal, and assessment education history. Add additional sheets if necessary.						
Institution	Name of Course or Deg	ree		From	То	

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information. I understand that the temporary certification is for a one time period of no more than 180 days. Printed Name: _____ Title: Date Applicant Signature: This application MUST be co-signed by an authorized representative from a Connecticut Certified Revaluation Company. Title: _____ Printed Name: Company Name: Revaluation Cert #: Address: Expiration Date: _____ Phone: _____ E-Mail Address: Date: Signature: **OPM USE ONLY**

OPM Signature:

Date:

Pursuant to section 12-2b-7 of the Regulations of the State of Connecticut, I certify that the information I have provided is true and accurate. I am aware that this temporary certification may be suspended or revoked for providing false or fraudulent

Please send completed form application to Jennifer.Gauthier@ct.gov

Approved:

Notes:

Denied:

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