



## CONNECTICUT REVALUATION CERTIFICATION REQUEST FOR RECERTIFICATION CREDIT HOURS

Applicant Information			
Applicant's Name:			
Certification Number:			
Mailing Address:			
City, State, Zip Code:			
Employer Name:			
Phone Number:		E-Mail Address:	

Program Information			
Course Title:			
Sponsoring Organization:			
Number of Hours Dedicated to Property Assessment and/or Appraisal			
Type of Instruction:	<input checked="" type="checkbox"/> Check appropriate box		
In Person	Virtual	Video/Satellite	Other (Explain): _____
Course Description: <small>(A course syllabus and/or course outline must be attached)</small>			
Instructor Name:			
Date Offered:		Location:	
Instructor Signature:			

I certify that I have completed the above-described professional activity. I am aware that any misrepresentations by me become subject to disciplinary action.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Send completed request electronically to [OPMIGPP@ct.gov](mailto:OPMIGPP@ct.gov)**