

APPLICATION FOR WAIVER OF REVALUATION EXAMINATION

NAME OF APPLICANT (LAST)	(FIRST)	(M.I.)	BUSINESS PHONE	CELL PHONE
ADDRESS (NO AND STREET)			CITY/STATE/ZIP	
E-MAIL		EMPLOYER		

Waiver of Examination Requirements - Application to waive the examination requirements, as set forth in §12-2b-10 of the regulations shall be made to the Secretary. The examination may be waived by the Secretary for an applicant who has obtained a designation from an appraisal sponsor of the Appraisal Foundation. Such designation shall have been obtained through a combination of both an examination and the writing of a demonstration narrative appraisal report for examination waiver requested: land/residential, commercial/industrial, or personal property. The supervisor examination may be waived as stated in subsection (f) of §12-2b-8 of the Regulations of Connecticut State Agencies for those applicants that hold a designation related to mass appraisal project supervision.

The Sponsoring Organizations of the Appraisal Foundations are: American Society of Appraisers, American Society of Farm Managers & Rural Appraisers, Appraisal Institute, International Association of Assessing Officers, International Right of Way Association, National Association of Independent Fee Appraisers, and National Association of Master Appraisers.

Issuance of Certificate. In accordance with § 12-2b-11, upon satisfactory fulfillment by an applicant of the requirements, the Secretary shall issue to the applicant an appropriate certificate designating his or her competency.

Such certificate shall be valid for five years and shall expire on April 30th in the fifth year of certification.

Type of Waiver Requested			
Land/Residential	Commercial/Industrial	Personal Property	Supervisor

SPONSORING ORGANIZATION	YOUR DESIGNATION(S)	DATE OF DESIGNATION

You must include a COPY of your current certification obtained from a Sponsoring Organization of the Appraisal Foundation. If the certificate date is more than five (5) years old, include a current letter from the organization stating that the designation is valid.

OFFICE USE ONLY		
Approved	Denied	Comments:
OPM Staff Signature:	Date:	

I certify that the above information I have provided is true and accurate, and that I am aware that certification may be suspended for misrepresentation, false or fraudulent information.

Signature _____ Date: _____

Printed Name _____

SUBMIT COMPLETED PDF TO: JENNIFER.GAUTHIER@CT.GOV