



**State of Connecticut  
Certified Connecticut Municipal Assessor Committee**

**Certified Connecticut Municipal Assessor I  
Examination Application**

NAME OF APPLICANT (Last)	(First)	(MI.)	BUSINESS TELEPHONE	HOME TELEPHONE
ADDRESS (NO. AND STREET) (CITY)			(STATE) (ZIP)	
ADDRESS (Where Examination results should be sent, if different from above)			TOWN OR BUSINESS	
EMAIL ADDRESS				

**QUALIFYING EDUCATION**

In accordance with Section 12-40a-10 of the Regulations of Connecticut State Agencies, an individual applying for certification must successfully complete the required courses and have the minimum experience as stated in the Regulations. List below the CCMA courses completed and attach copies of certificates or waiver letter, for each course.

<i>C.C.M.A. COURSE:</i>	<i>DATE TAKEN</i>	<i>PLACE TAKEN</i>	<i>WAIVER</i>
<b>Course IA</b>			
<b>Course IB</b>			
<b>Course IIA</b>			
<b>Course IIB</b>			
<b>Course IV</b>			

**LIST ANY ADDITIONAL RELATED EDUCATION**

<i>COURSE</i>	<i>DATE TAKEN</i>	<i>SPONSORING ORGANIZATION AND LOCATION</i>

## QUALIFYING EXPERIENCE

<i>EMPLOYER:</i>	<i>DATES</i>		<i>JOB TITLE</i>
	<i>FROM</i>	<i>TO</i>	<b>ATTACH JOB DESCRIPTIONS AND/OR RESUME</b>

*Attach additional sheets as necessary*

### EXPERIENCE VALIDATION

**Assessment and/or appraisal experience must be validated by a Certified Connecticut Municipal Assessor, State Certified Revaluation Supervisor or Connecticut licensed general appraiser who trained and/or employed the applicant.**

**I hereby certify that the applicant has a minimum of three (3) years' experience in property assessment or appraisal or in a related field of endeavor.**

Validating Assessor/Supervisor/Appraiser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

License/Certificate # \_\_\_\_\_ Phone Number/Email: \_\_\_\_\_

Please attach any additional documentation that may help the CCMA Committee in determining your eligibility. Failure to include all appropriate documents will result in a denial of your application. Application must be accompanied with a Check or Money Order for \$40.00 made payable to: **CCMA Committee**

**I hereby certify that the above information I have provided is true and accurate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_