CONNECTICUT
Policy and Management

APPLICATION FOR RENEWAL OF
REVALUATION EMPLOYEE CERTIFICATION

Applicant Information	
Name:	
Home Address:	Mailing Address (If Different):
City/Town: State: Zip:	City/Town: State: Zip:
Telephone:	Work Telephone:
E-mail Address:	Current Employer:

Recertification Type		
Designation	**Certificate Number**	**Expiration Date**
Land/Residential Valuation		
Commercial/Industrial Valuation		
Personal Property Valuation		
Supervisor		

In the last five (5) years have you been a) the subject of a criminal investigation or proceeding; b) the subject of a complaint to the Office of Policy and Management: c) been subjected to any disciplinary proceeding; d) been refused certification or had your certification suspended or revoked; e) have you been or are you under investigation or are any actions listed above pending or f) are you aware of any acts or omissions which could lead to any of the actions listed above? ☐ Yes ☐ No

If yes, describe:

Qualifying Education

List all continuing education workshops or courses completed to meet the minimum requirement of fifty (50) hours of property assessment or appraisal content. Proof of attendance for each hour is required and must be submitted with the application.

(Attach additional sheets if necessary)

Course Title	Date(s)	Location	Hours	Proof of Attendance Attached (X)
		Total Hours Submitted:		

Pursuant to Section 12-2b-11 of the Regulations of Connecticut State Agencies, I hereby attest that the information I provided on this application is true and accurate. I am aware that my designation(s) may be suspended or revoked for providing false or fraudulent information.

Name: _____

Signature: _____ **Date:** _____

Submit completed application between March 15 and on or before April 23, 2027 to OPMIGPP@ct.gov