APPLICATION FOR TEMPORARY REVALUATION EMPLOYEE CERTIFICATION

CONNECTICUT
Policy and Management

Applicant Information	
Name of Applicant:	Telephone Number:
Home Address:	City/Town: State: ZIP:
Address:(Mailing address if different from above)	City/Town State: ZIP:
Email Address:	
Sponsoring Company:	Company Contact:
Company Address:	Contact Email Address:

Pursuant to Section 12-2b-7 of the Regulations of Connecticut State Agencies, a non-certified employee of a company may receive temporary certification from the Secretary, provided the company and the employee jointly apply to the Secretary, describing the experience and educational background of the employee and stating the reason for such request. A temporary certification shall be valid for a period not to exceed one hundred-eighty days.

Designation Areas

Indicate below the Temporary Certification Designation requested. Please note that in order to request a Temporary Supervisor Designation, an applicant must possess both the Residential and Commercial Designations.

Designation	☑
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 resume to application.

Company Name Address & Telephone	Position Held	Description of Duties	Dates		Time Attributed to Valuation (Year/Months)
			From M/Y	To M/Y	

(attach resume)

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 information. I acknowledge that this temporary certification is for a one-time period of no more than 180 days.

Signature

Printed Name

Date

This application must be jointly signed by an authorized representative from a Connecticut Certified Revaluation Company. Once completed submit to OPMIGPP@ct.gov.

Signature

Printed Name

Date

Revaluation Certification Number

Certification Expiration Date