CONNECTICUT
Policy and Management

APPLICATION FOR RENEWAL OF
REVALUATION COMPANY CERTIFICATION

Company Information	
Company Name:	
Federal Employer Identification Number:	
If the Company has a physical presence in Connecticut, please provide a current physical office address:	
If the Company does not have a physical presence in Connecticut, please provide office address for the Business's Main Office:	
Mailing Address (If Different):	
Business Phone Number:	Personal Phone Number:
E-Mail Address:	Website Address:

Compliance Information

Has any complaint been filed in the past five (5) years against the applicant/company within Connecticut or any other state or the District of Columbia? Yes ☐ No ☐

If yes, provide brief statement below, and attach detail to application.

Compliance Information Continued

Pursuant to Section 12-2b-7 of the Regulations of CT State Agencies Section, Revaluation Companies are required to file Annual Reports for all five (5) years preceding the date of renewal. If Annual Reports are not filed, the company's recertification may be withheld or revoked.

Have Annual Reports been filed in each of the five (5) years preceding this application?

Yes ☐ No ☐

Does applicant agree to promptly return any certificate when required, and to conform to all rules and regulations promulgated by the Office of Policy & Management? Yes ☐ No ☐

Certification Information

List information for the **individual(s) in your organization that are responsible** for holding the appropriate Certifications to maintain compliance in the following areas.

Note: Certified Employees will be listed in a subsequent section, do not report here. Attach additional sheets if necessary.

Real Property Valuations - Complete **Part A** Only

Personal Property Valuations - Complete **Part B** Only

Real and Personal Property Valuations - Complete **Parts A and B**

(Attach additional sheets if necessary)

A	Residential/Vacant Land	Name:	Certificate #:
	Commercial/Industrial	Name:	Certificate #:
	Supervisor	Name:	Certificate #:
B	Personal Property	Name:	Certificate #:

Completed Revaluations for Prior Five-Year Period

List each revaluation performed in the State of Connecticut in the five (5) years prior to the date of this application. Attach additional sheets if necessary.

	Municipality	Grand List Year	Number of Parcels	Type: Real/Personal/Both		
1				Real	Personal	Both
2				Real	Personal	Both
3				Real	Personal	Both
4				Real	Personal	Both
5				Real	Personal	Both

Revaluations Currently Under Contract

List each revaluation that your company presently has under contract in the State of Connecticut. Attach additional sheets if necessary.

	Municipality	Grand List Year	Number of Parcels	Type: Real/Personal/Both		
1				Real	Personal	Both
2				Real	Personal	Both
3				Real	Personal	Both
4				Real	Personal	Both
5				Real	Personal	Both

Listing of Certified Revaluation Employees

List the names of each employee that holds a Revaluation Certification from the State of Connecticut and indicate the type(s) of Certification they possess. Attach additional sheets if necessary.

	Employee Name	Certificate #	Residential/ Land	Commercial/ Industrial	Personal Property	Supervisor
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

I certify that I am the applicant, or duly authorized member of the partnership or officer of the corporation or company on behalf of which the above application is made, being duly sworn according to law, and depose and say that the answers set forth on this application are true to the best of my knowledge and belief. I further certify that this application is made for the purpose of the issuance of this certificate request. I hereby agree and consent that suits and actions may be commenced against the applicant in the proper court in the State of Connecticut for which a cause of action may arise or in which the plaintiff may reside.

Signature _____ Title _____

Printed Name _____ Date _____

Submit completed application on or before March 1, 2027 to

OPMIGPP@ct.gov