



APPLICATION FOR REVALUATION CERTIFICATION EXAMINATION

CONNECTICUT
Policy and Management

| Applicant Information | |
|--|----------------------------------|
| Name of Applicant: | Telephone Number: |
| Address: | City/Town: State: ZIP: |
| Address:(Where Exam results should be sent, if different from above) | City/Town State: ZIP: |
| Email Address: | |
| Sponsoring Company: | Company Contact: |
| Company Address: | Contact Email Address: |

Qualifying Experience

Pursuant to Section 12-2b-8 of the Regulations of CT State Agencies, an individual applying for a certification must have experience in the field of assessing, revaluation or appraisal of Residential Real Estate or Personal Property for at least two (2) years, or the valuation of Commercial and Industrial Real Estate or Revaluation Supervision for at least three (3) years. Starting with your current employer, list your complete employment history for the past five (5) years.

| Company Name Address & Telephone | Position Held | Description of Duties | Dates | | Time Attributed to Valuation |
|-------------------------------------|---------------|-----------------------|-------------|-----------|---------------------------------|
| | | | From M/Y | To M/Y | |
| | | | | | |
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(attach resume if necessary)

Examination Selection

Please indicate below the examination(s), and the time slot selected, for each examination selected. Applicants may only complete only one examination per session.

| Examination | Morning Session (x) | Afternoon Session (x) |
|------------------------------|--------------------------------|----------------------------------|
| Land/Residential | | |
| Commercial/Industrial | | |
| Personal Property | | |
| Supervisor* | | |

*In order to apply to take the Supervisor Examination, an applicant must possess both the Residential and Commercial Designations.

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

Signature

Printed Name

Date

Submit completed application on or before March 18, 2025 to
[**OPMIGPP@ct.gov**](mailto:OPMIGPP@ct.gov)