

APPLICATION FOR REVALUATION CERTIFICATION EXAMINATION



Applicant Information

NAME OF APPLICANT (M.I.)	(LAST)	(FIRST)	BUSINESS TELEPHONE () ()	PERSONAL PHONE () ()
ADDRESS (NO AND STREET)			(CITY)	(STATE) (ZIP+4)
ADDRESS (Where Exam results should be sent, if different from above)			E-MAIL:	

Qualifying Experience

In accordance with Section 12-2b-8 of the Regulations of the Office of Policy and Management, an individual applying for a certification must have experience in the field of assessing, revaluation or appraising of Residential or Personal Property for at least two (2) years, Commercial/Industrial or Supervisor for at least three (3) years. Starting with your current employer, list your **complete** employment history for the past five (5) years. Place an “X” next to each item to be considered as valuation employment/experience. *Experience in the fields of assessing, revaluation or appraising shall include employment as a real estate appraiser, real estate broker, real estate salesperson, Assessor, Assistant Assessor, Data Collector or Appraiser for a municipality or revaluation company.*

Company Name Address & Telephone	Title	Description of Duties	Dates		Valuation (X)
			From	To	
(Continue on reverse side as needed)			Years	Months	
Total Accumulated Employment Time					
Total Accumulated Valuation Employment					

INDICATE THE EXAMINATION(S) AND TIME FOR WHICH YOU ARE APPLYING:

Please note that applicants are allowed to complete only one examination per session.

<input type="checkbox"/> LAND/RESIDENTIAL <input type="checkbox"/> COMMERCIAL/INDUSTRIAL <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> SUPERVISOR *	Morning Session <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM	Afternoon Session <input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> PM	* Must possess BOTH the <u>Land/Residential</u> and <u>Commercial/Industrial</u> Certifications
--	---	---	--

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 **X** _____ Title _____ Date: _____
 Print Name _____