



# State of Connecticut

## Certified Connecticut Municipal Assessor Committee

### APPLICATION FOR CERTIFIED CONNECTICUT MUNICIPAL ASSESSOR II

NAME OF APPLICANT (Last)	(First)	(MI.)	BUSINESS TELEPHONE	HOME TELEPHONE
ADDRESS (NO. AND STREET)	(CITY)	(STATE)	(ZIP)	TOWN OR BUSINESS
ADDRESS (Where Examination results should be sent, if different from above)				
E-MAIL ADDRESS				

### QUALIFYING EXPERIENCE EDUCATION PROGRAM

In accordance with Section 12-40a-10 of the Regulations of Connecticut State Agencies, an individual applying for certification must successfully complete the required courses and have the minimum experience stated in the Regulations. List below the CCMA courses completed and attach copies of certificates or waiver letter for each course.

<i>C.C.M.A. COURSE:</i>	<i>DATE TAKEN</i>	<i>PLACE TAKEN</i>	<i>WAIVER</i>
Course IA			
Course IB			
Course IIA			
Course IIB			
Course III			

### ADDITIONAL APPRAISAL EDUCATION

<i>COURSE:</i>	<i>DATE TAKEN</i>	<i>PLACE TAKEN</i>

**EXPERIENCE**

<b>EMPLOYER:</b>	<b>DATES</b>		<b>JOB TITLE</b>
	<b>FROM</b>	<b>TO</b>	<b>ATTACH JOB DESCRIPTIONS</b>

*Attach additional sheets as necessary*

**EXPERIENCE VALIDATION**

**Assessment and/or appraisal experience must be validated by a Certified Connecticut Municipal Assessor, State Certified Revaluation Supervisor or Connecticut licensed general appraiser who trained and/or employed the applicant.**

I hereby certify that the applicant has a minimum of four (4) years experience in property assessment or appraisal or in a related field of endeavor. This experience has been of increasing responsibility, and at least two years of this experience has been at an appraisal and/or administrative level in an assessor's office.

Validating Assessor/Appraiser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed or typed Name: \_\_\_\_\_

License/Certificate # \_\_\_\_\_

Please attach any additional documentation that may help the CCMA Committee in determining your eligibility. Failure to include appropriate documents will result in disqualification. Application must be accompanied by Check or Money Order for \$30.00 made payable to: **CCMA Committee**

**I hereby certify that the above information I have provided is true and accurate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_