



State of Connecticut

Certified Connecticut Municipal Assessor Committee

APPLICATION FOR CERTIFIED CONNECTICUT MUNICIPAL ASSESSOR I

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 as 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			

ADDITIONAL APPRAISAL EDUCATION

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

EXPERIENCE

EMPLOYER:	DATES		JOB TITLE
	FROM	TO	ATTACH JOB DESCRIPTION

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 three (3) years experience in property assessment or appraisal or in a related field of endeavor.

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 made payable to: **CCMA Committee**

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

Signature: _____ Date: _____