



## Certification Information

Type of certification requested:

- Real Property      Complete Part A  
 Personal Property    Complete Part B  
 Both                      Complete Parts A & B

List the information below for the individual in your organization holding the appropriate Certification.

A	Residential/Land Valuation	Name: _____
	Commercial/Industrial Valuation	Name: _____
	Supervisor	Name: _____
B	Personal Property	Name: _____

## Partnership, Association, or LLC Members

Identify each principal or member. If a corporation, give the name and address of each officer and director. Indicate with an "X" for each person who performs any of the revaluation process.

Valuation?	Member Name	Title	Address with City, State and Zip

*(Attach additional sheets if necessary)*

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

Signature: <b>X</b> _____	Title _____
Printed Name: _____	Date _____
<i>Sworn and subscribed to before me at:</i>	
State of _____ County of: _____ This _____ day of _____, 20__	
_____ <i>Notary Public</i>	My Commission Expires: _____
<b>OPM USE ONLY</b>	
Application Approved <input type="checkbox"/>	Application Denied <input type="checkbox"/> Date Reviewed    /    /