



APPLICATION FOR RENEWAL OF REVALUATION COMPANY CERTIFICATION

Company Information	
Company Name:	
Federal Employer Identification Number:	
If the Company has a physical presence in Connecticut, please provide a current physical office address:	
If the Company does not have a physical presence in Connecticut, please provide office address for the Business's Main Office:	
Mailing Address (If Different):	
Business Phone Number:	Personal Phone Number:
E-Mail Address:	Website Address:

Compliance Information	
Has any complaint been filed in the past five (5) years against the applicant/company within Connecticut or any other state or the District of Columbia? Yes No	
If yes, provide brief statement below, and attach detail to application.	

Completed Revaluations for Prior Five-Year Period

List each revaluation performed in the State of Connecticut in the five (5) years prior to the date of this application.
(Attach additional sheets if necessary)

	Municipality	Grand List Year	Number of Parcels	Type: Real/Personal/Both		
				Real	Personal	Both
1				Real	Personal	Both
2				Real	Personal	Both
3				Real	Personal	Both
4				Real	Personal	Both
5				Real	Personal	Both

Revaluations Currently Under Contract

List each revaluation that your company presently has under contract in the State of Connecticut.
(Attach additional sheets if necessary)

	Municipality	Grand List Year	Number of Parcels	Type: Real/Personal/Both		
				Real	Personal	Both
1				Real	Personal	Both
2				Real	Personal	Both
3				Real	Personal	Both
4				Real	Personal	Both
5				Real	Personal	Both

Listing of Certified Revaluation Employees

List the names of each employee that holds a Revaluation Certification from the State of Connecticut and indicate the type(s) of Certification they possess.

(Attach additional sheets if necessary)

	Employee Name	Certificate #	Residential/ Land	Commercial/ Industrial	Personal Property	Supervisor
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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

Signature

Title

Printed Name

Date

Submit completed application on or before February 28, 2025 to

OPMIGPP@ct.gov