## APPLICATION FOR CERTIFICATION AS A REVALUATION COMPANY



Company Information		
Firm Name:		
If a Partnership, Corporation, LLC, or Association, give exact legal name		
☐ Individual ☐ Corporation ☐ Partnership	Association LLC	
If corporation, list the State name in which incorporated:		
in corporation, list the state name in which incorporated.		
Social Security or Federal Employer Identification Number:		
Business Address: Street City and State	Zip Code	
Publico ridarcos. Orrect City and state	Zip cede	
Business Telephone Number P	ersonal Telephone Number	
	•	
E-Mail Address: Web	o Site Address:	
Non-Resident Information		
Complete this section <b>ONLY</b> if you are a non-resident. If Connecticut resident, skip to the next section		
Does applicant maintain a place of business in Connecticut?		
If yes, give Connecticut address: Street City and State Zip Code + 4		
Business Telephone Number Perso	nal Phone Number	
Compliance Information		
- Compnance mon	manon	
Has <b>any</b> complaint been filed in the past five years against the applicant within Connecticut, or any other state or the District of Columbia?  Yes No		
Please Describe: (Attach additional sheets if necessary)		
Does applicant agree to promptly return any certificate(s) when required, and to conform to all rules and regulations		
promulgated by the Office of Policy & Management?  Yes  No		
M-57 Rev. 11/2019		

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.  Residential/Land Valuation Name:    Residential/Land Valuation Name:	Certification Information			
Personal Property   Complete Part B   Complete Part B   Complete Parts A & B				
Residential/Land Valuation   Name:   Name:	Real Property Complete Part A Personal Property Complete Part B			
A Commercial/Industrial Valuation Supervisor 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: X  Title  Printed Name:  Date  Sworn and subscribed to before me at: State of County of:  This day of , 20   My Commission Expires:	List the information below for the individual in your organization holding the appropriate Certification.			
Supervisor   Name:		Residential/Land Valuation	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: X	A	Commercial/Industrial Valuation	Name:	
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Printed Name:	Sign	nature: X	Title	
Sworn and subscribed to before me at:  State of County of: This day of, 20  My Commission Expires:				
My Commission Expires:			This day of, 20	
		Mataux Bul.U-	My Commission Expires:	
Notary Public  OPM USF ONLY				

Date Reviewed

Application Denied

Application Approved