

**Mississippi Education and Certification Program**  
**MECP Form 2: Application for Admission to the Recertification Course**

Circle one:    Mr.    Ms.    Mrs.    Dr.

Name \_\_\_\_\_

County/Firm \_\_\_\_\_

Title \_\_\_\_\_

Check one:     County employee  
                   Municipal employee  
                   State employee  
                   Employee/owner of professional reappraisal firm  
                   Other \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

Address to which you want your Program mail sent \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_

If you are not a government employee, please indicate the name and telephone number of your employer or the firm you represent:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Proposed date/location to attend the Recertification Course:    When \_\_\_\_\_    Where \_\_\_\_\_

If unable to attend all of above, proposed makeup date/location:    When \_\_\_\_\_    Where \_\_\_\_\_

\_\_\_\_\_  
Signature: I attest that the above information is true and accurate.

\_\_\_\_\_  
Date

Mail completed form as follows:

Center for Governmental Training & Technology  
Attn: E&C Program  
Box 9643  
Mississippi State, MS 39762

**\* Required for valid registration**