

**Mississippi Education and Certification Program
MECP Form 4: Application for Assessment Evaluator II (AEII) Certification**

Circle one: Mr. Ms. Mrs. Dr.

Name _____

County _____

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 () _____

I have successfully completed the following:

Application fee: ☐ Enclosed ☐ Being sent by county

☐ I am certified as an Assessment Evaluator I

☐ IAAO Course 101

☐ I have taken the Recertification Course this year

☐ IAAO Course # _____

NOTE: IAAO courses taken outside Mississippi
must be documented for verification.

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

Date

Mail completed form as follows:

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

Make payment to the Center for Governmental Technology