

Mississippi Education and Certification Program
MECP Form 5: Application for Mississippi Assessment Evaluator (MAE) Candidacy

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:

☐ I am certified as an Assessment Evaluator I and II

☐ I have taken the Recertification Course this year

☐ Written statement from current or past employer verifying
three (3) years of full-time mass appraisal experience

Application fee: ☐ Enclosed ☐ Being sent by county

☐ IAAO Course 101 NOTE: IAAO courses taken outside Mississippi
must be documented for verification.

☐ IAAO Course 102

☐ IAAO Course # _____

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