

Mississippi Education and Certification Program
MECP Form 6: Application to Retake the Mississippi Assessment Evaluator Examination

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 ☐ _____

Application fee: ☐ Enclosed ☐ Previously paid

☐ I have Mississippi Assessment Evaluator Candidacy

☐ I have taken the Recertification Course this year

I am applying to retake the following part(s) of the Mississippi Assessment Evaluator Examination:

☐ Part A: Appraisal Case Problems

☐ Part B: Comprehensive Mass Appraisal

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