

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

Circle one:    Mr.    Ms.    Mrs.    Dr.

Name \_\_\_\_\_

County \_\_\_\_\_

Title \_\_\_\_\_

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

City \_\_\_\_\_

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

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

Name \_\_\_\_\_

Proposed date/location to attend the Recertification Course:

If unable to attend all of above, proposed makeup date/location:

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

Check one:    ( ) County employee

( ) Municipal employee

( ) State employee

( ) Employee/owner of professional reappraisal firm

( ) Other \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

Office (\_\_\_\_) \_\_\_\_\_

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

When \_\_\_\_\_                      Where \_\_\_\_\_

When \_\_\_\_\_                      Where \_\_\_\_\_

\_\_\_\_\_  
Date

Mail completed form as follows:

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