

**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