

Mississippi Education and Certification Program
MECP Form 1: Application for Admission to the Certified Appraisers' School or the "Challenge Exam"

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 _____

Application is being made for the: Certified Appraisers' School

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 () _____

"Challenge Exam"

Date

Mail completed form as follows:

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