

**Mississippi Education and Certification Program  
MECP Form 3: Application for Assessment Evaluator I (AEI) Certification**

Circle one:    Mr.    Ms.    Mrs.    Dr.

Name \_\_\_\_\_

County \_\_\_\_\_

Title \_\_\_\_\_

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

City \_\_\_\_\_

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

Check one:    ( ) County employee  
                  ( ) Municipal employee  
                  ( ) State employee  
                  ( ) Employee/owner of professional reappraisal firm  
                  ( ) Other \_\_\_\_\_

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

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

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

I have successfully completed the following:

( ) I am certified as a Certified Appraiser

( ) I have taken the Recertification Course this year (required if certified prior to this year)

Application fee:            ( ) Enclosed    ( ) Being sent by county

( ) IAAO Course # \_\_\_\_\_

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

\_\_\_\_\_  
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