

**Mississippi Education and Certification Program
MECP Form 4: Application for Assessment Evaluator II (AEII) Certification**

Circle one: Mr. Ms. Mrs. Dr.

Name _____

County _____

Title _____

Address to which you want your Program mail sent _____

City _____

Phone: Home (____) _____

I have successfully completed the following:

() I am certified as an Assessment Evaluator I

() I have taken the Recertification Course this year

Check one: () County employee

() Municipal employee

() State employee

() Employee/owner of professional reappraisal firm

() Other _____

Social Security Number _____

State _____ Zip _____

Office (____) _____

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

() IAAO Course 101

() 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