Mississippi Education and Certification Program
MECP Form 5: Application for Mississippi Assessment Evaluator (MAE) Candidacy

Circle one: Mr. Ms. Mrs. Dr.

Name _____

County _____

Title _____

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

Social Security Number _____

Address to which you want your Program mail sent _____

City _____ State _____ Zip _____

Phone: Home (____) _____ Office (____) _____

I have successfully completed the following:

( ) I am certified as an Assessment Evaluator I and II

( ) I have taken the Recertification Course this year

( ) Written statement from current or past employer verifying three (3) years of full-time mass appraisal experience

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

( ) IAAO Course 101

( ) IAAO Course 102

( ) 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