

**Mississippi Education and Certification Program**  
**MECP Form 6: Application to Retake the Mississippi Assessment Evaluator Examination**

Circle one:    Mr.    Ms.    Mrs.    Dr.

Name \_\_\_\_\_

County \_\_\_\_\_

Title \_\_\_\_\_

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

City \_\_\_\_\_

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

Application fee:        ( ) Enclosed    ( ) Previously paid

( ) I have Mississippi Assessment Evaluator Candidacy

Check one:    ( ) County employee

( ) Municipal employee

( ) State employee

( ) Employee/owner of professional reappraisal firm

( ) Other \_\_\_\_\_

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

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

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

( ) I have taken the Recertification Course this year

I am applying to retake the following part(s) of the Mississippi Assessment Evaluator Examination:

( ) Part A: Appraisal Case Problems

( ) Part B: Comprehensive Mass Appraisal

\_\_\_\_\_  
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