



C.C.M.C. CERTIFICATE REQUEST

DATE OF APPLICATION: _____

NAME: _____

Please PRINT name the way it should appear on certificate

COMPLETE MAILING ADDRESS:

TOWN you currently work for: _____

EMAIL ADDRESS: _____

POSITION/TITLE: _____

ORIGINAL DATE (MM/DD/YYYY) AND TOWN of hire in a Connecticut Tax Office:

By signing below, I, the applicant, hereby attest that I have successfully completed the written course of study by achieving a passing grade in each of the four qualifying courses; that I have achieved a passing grade on the comprehensive written final examination; that I have been employed in a Connecticut Tax Office for at least three years, meeting the experience requirements; and, that to the best of my knowledge and belief, I am eligible to receive the

C.C.M.C. designation under Conn. Gen. Stat. 12-130a.

1. Sewer use, WPCA or fire district collections may be considered the equivalent of tax collections if the applicant's work for the taxing authority is his/her principal job function and not merely ancillary.
2. "Three years" is defined as working three years from date of hire.
3. Work in any other municipal department does not meet the criteria for experience.

If additional explanation is necessary concerning how you have met the experience requirement, please submit it with this application.

I/We understand that false or misleading statements on my/our part on this affidavit or otherwise will result in an unfavorable recommendation from the Certification Committee and may disqualify the applicant from consideration for Certification in the future.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SIGNATURE OF APPLICANT'S SUPERVISOR: _____ **DATE:** _____

PLEASE RETURN THIS FORM TO: Lisa Madden, C.C.M.C. Committee, c/o Town of Somers, 600 Main Street, Somers, CT 06071; lisamaddenccmc@gmail.com; Fax 860-763-8228