

THE CONNECTICUT ASSOCIATION OF ZONING ENFORCEMENT OFFICIALS
ZONING ENFORCEMENT PROFESSIONAL DESIGNATION PROGRAM
CERTIFIED ZONING ENFORCEMENT TECHNICIAN (CZET)

Application for Certification

FEE: \$25.00 (Payable to: CAZEO)

NAME _____

PRESENT EMPLOYER _____

ATTACH A SHORT LETTER FROM YOUR EMPLOYER, CONFIRMING YOUR DATES OF EMPLOYMENT AND DUTIES.

OFFICIAL TITLE(S) _____ FROM _____
DATE

DATES OF CURRENT EMPLOYMENT (from/to) _____

BRIEF DESCRIPTION OF CURRENT ZONING ENFORCEMENT RESPONSIBILITIES

BUSINESS ADDRESS _____

_____ BUSINESS PHONE _____

HOME TELEPHONE _____

NAME, POSITION & TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:

PREVIOUS ENFORCEMENT & ZONING RELATED EMPLOYMENT OR EXPERIENCE
(position, municipality, dates – from/to)

1) _____

2) _____

_____ I am currently a regular member of CAZEO

_____ I have completed each of the courses and passed all of the exams offered as part of the Certification Course Program
(List dates of course attended) _____

I have reviewed the "Enrollment and Certification Procedures" and believe I qualify for designation as a Certified Zoning Enforcement Technician.

SIGNATURE _____ Date _____