



**CAZEO PROFESSIONAL DESIGNATION PROGRAM
CERTIFIED ZONING ENFORCEMENT TECHNICIAN (CZET)**

Application for CZET Certification

FEE: \$50.00 (Payable to: CAZEO)

NAME _____

PRESENT EMPLOYER _____

OFFICIAL TITLE(S) _____

DATES OF CURRENT EMPLOYMENT (from/to) _____

BRIEF DESCRIPTION OF CURRENT TECHNICAL ZONING ASSISTANCE 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) _____

REQUIREMENTS CHECK LIST: Please include:

_____ I am currently a full member of CAZEO and my membership dues are paid

_____ 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) _____

_____ Confirmation letter from your employer verifying dates of employment and job responsibilities

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

SIGNATURE _____ Date _____

Mail to: Christina M. Costa, CZEO
Zoning Enforcement Officer
Town of Old Saybrook
302 Main Street
Old Saybrook, CT 06475