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WASHINGTON STATE DEPARTMENT OF LICENSING

Real Estate Appraiser Commission Application

You can use this form to apply for appointment as a Real Estate Appraiser Commissioner. The Commission plays an advisory role to the program that licenses real estate appraisers.

Send this completed form, a resume, and a letter of interest detailing why you are interested in a Commission member position and what makes you an ideal candidate to:

Real Estate Appraiser Program
Department of Licensing
PO Box 9021
Olympia, WA 98507-9021

email: reappraiser@dol.wa.gov
fax: (360) 570-4981

Applicant

Board position you are applying for ☐ Active licensed professional as applicable to the Board ☐ Member of the general public		
PRINT or TYPE Name	Date of birth	Gender ☐ Male ☐ Female
Address		
City	State	ZIP code
Email	(Area code) Home telephone number	
Business name	(Area code) Work telephone number	
Business street address		
City	State	ZIP code
Recommended by *(if applicable)*		

Education **Attach additional sheets if needed**

School name	Location	Year graduated	Degree

Licenses held **If applicable to the Board**

License type	License number	Acquired date	Expiration date

Employment **From present to past. Attach additional sheets if needed.**

1 Name of company	Your title/position	(Area code) Telephone number	Employer/Supervisor name
Company address		Date from	Date to
Duties			
2 Name of company	Your title/position	(Area code) Telephone number	Employer/Supervisor name
Company address		Date from	Date to
Duties			
3 Name of company	Your title/position	(Area code) Telephone number	Employer/Supervisor name
Company address		Date from	Date to
Duties			

Memberships **Attach additional sheets if needed**

Professional/community organization	Office held	Date of term (From-To)

References

1 Name	(Area code) Telephone number
Address	
Describe how they know you	
2 Name	(Area code) Telephone number
Address	
Describe how they know you	
3 Name	(Area code) Telephone number
Address	
Describe how they know you	

Additional

Answer the following

Do you authorize release of your criminal record to the Department of Licensing? . . . . . ☐ Yes ☐ No

Could you or your family benefit financially from recommendations made by this Board? . . . . . ☐ Yes ☐ No

Board meetings are held weekdays at varying locations throughout the state.
Are you willing to come prepared and actively participate in these meetings? . . . . . ☐ Yes ☐ No

I certify under penalty of perjury under the laws of the state of Washington that the foregoing and all attachments are true and correct.

Date and place

X **When you have completed this form, please print it out and sign here.**

Applicant signature