



## Real Estate Appraiser Temporary Practice Application

FOR VALIDATION ONLY

Non-Refundable fee: \$150.00  
Make remittance payable to State Treasurer.  
Send this application with your remittance to:  
Department of Licensing  
PO Box 9048  
Olympia, WA 98507-9048

Check one only:

- Certified general       Certified residential       State licensed

### Information and instructions

A temporary permit is valid for no more than six months from date of issuance.

1. Application must be notarized.
2. Attach a copy of the Assignment Contract:
  - on letterhead
  - dated and signed
  - with the subject address(es)
  - describe the scope of the assignment
  - show the due date
3. This Temporary Practice Authorization may be extended.

### Applicant information

*Please type or print clearly*

Applicant's (Last, First, Middle)		Social Security no. (per RCW 23.26.150)	Date of birth
Mailing address			
City		State	ZIP
Business name			
Business' physical address (Current physical location of business is required)			
City		State	ZIP
Telephone no. (During normal business hours)	E-mail address		Gender (M or F)
Have you ever applied for licensure/certification as a real estate appraiser in Washington State?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently licensed in Washington state as a real estate salesperson, broker or associate broker, or escrow agent?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, full name under which you are licensed (As it appears on your license)		License no.	

### Out-of-State information *Indicate certification/licensure and status from another state.*

State	Month/Year issued	Number	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Month/Year expired
Full name under which you are licensed (As it appears on your license)				

Once filed, this application is a public record and is subject to public disclosure. RCW 42.56

*The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 664-6504 or TTY (360) 664-8885.*



## Applicant's attestation

I, the undersigned, certify that I am the person referred to in this application for a temporary permit as a real estate appraiser in the state of Washington, that I have read and understand RCW 18.140 and WAC 308-125, and that the statements herein are true to the best of my knowledge and belief.

I hereby authorize all organizations, my references, employers (*past and present*), business and professional associates (*past and present*), and all governmental agencies and instrumentalities (*local, state, federal or foreign*) to release to the Department of Licensing any information, files, or records requested by the department in connection with the processing of this application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. If I furnish any false information in this application, I agree that such act shall constitute cause for the denial, suspension, or revocation of my temporary permit to practice as a certified/licensed real estate appraiser in the state of Washington.

Applicant's signature **X** \_\_\_\_\_ Date \_\_\_\_\_

## Consent to service

I, the undersigned, residing in the state of \_\_\_\_\_, have obtained or am about to obtain a registration/license/certification from the state of Washington to engage or continue in the business of real estate appraising. I irrevocably consent that suits and actions may be commenced against me in any county of the state of Washington in which any party/plaintiff having cause of action against me may reside and that service of any process or pleading in an action or suit may be made by delivering it to the Director of the Department of Licensing of the state of Washington, at Olympia, Washington.

**X** \_\_\_\_\_  
Applicant's signature Date

\_\_\_\_\_  
Name typed or printed

## Notary

\_\_\_\_\_  
State of County of

\_\_\_\_\_  
Signed or attested to before me on

**X** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name typed or printed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Expiration date of appointment

SEAL