



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 | | |
| <input type="checkbox"/> Active licensed professional as applicable to the Board <input type="checkbox"/> Member of the general public | | |
| PRINT or TYPE Name | | |
| 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 <i>(if applicable)</i> | | |

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.

_____ **X** _____
 Date and place Applicant signature