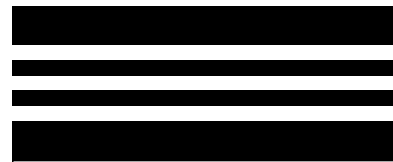




Real Estate Appraiser Trainee Registration Application



Apply for a real estate appraiser trainee registration.

Include with this application:

- copies of course completion certificates for 4 required courses
- a check or money order for the **\$200 non-refundable fee** (payable to Department of Licensing)



27818-APPLICATIONS

Submit online: www.dol.wa.gov/business/appraisers

Or by mail: **Real Estate Appraiser**
Department of Licensing
PO Box 3777
Seattle, WA 98124-3777

We'll notify you when we approve your registration. Once you are registered, you must accept an invitation from a supervisor before you can gain experience hours.

For questions or language help call (360) 664-6504 or email reappraisers@dol.wa.gov

Applicant information

TYPE or PRINT Name as you would like it to appear on your license			Former name
Full legal name (First, Middle, Last)			
Social Security number*	Date of birth (mm/dd/yyyy)	(Area code) Phone number	Email
Mailing address (Street or PO Box, City, State, ZIP code)			
Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner			
<p>Answer the following</p> <p>If you answer "Yes" to any of the questions below, attach a detailed explanation on a separate 8-1/2" x 11" sheet and include official court documents.</p> <p>In this state or any other jurisdiction, are you or have you:</p> <p>1. With the last 10 years, had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Within the last 10 years, had any civil court order, verdict, or judgment entered against you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Within the last 10 years, defaulted or been convicted of or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic offenses) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Currently required to register as a sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," in which state _____ and county _____</p>			

*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

Supervisor information

Potential supervisor's name	Certification number
Supervisor certification This supervisor is a: <input type="checkbox"/> Certified Residential Appraiser <input type="checkbox"/> Certified General Appraiser	

Education

You must provide course completion certificates for the courses listed.

Course title	Dates attended (Month/Year)		Total classroom hours	Course provider	Course location (City and State)
	From	To			
Basic Appraisal Principles			30 hours		
Basic Appraisal Procedures			30 hours		
USPAP Course			15 hours		
Supervisory/Trainee Appraiser			4 hours		

Exam credential level

Which credential level of the exam will you apply to take at the end of your registered trainee experience?

State-licensed Certified Residential Certified General Unsure

Declaration

Answer the following

- Do you authorize business associates (past and present) and any governmental agencies (local, state, or federal) to release any information required for a background investigation by the Department of Licensing? Yes No
- Do you agree to follow all the applicable laws and rules of this profession and do you understand the penalties for misconduct? Yes No
- Do you understand that lawsuits or other actions may be filed against you in Washington and do you consent that service of process may be made by delivering it to the Director of the Department of Licensing? Yes No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Date and place

TYPE or PRINT Name

X
Signature

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.