



WASHINGTON STATE DEPARTMENT OF
LICENSING

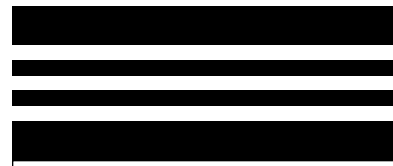
Real Estate Appraiser Reciprocal License/ Certification Application

Use this form to apply for a reciprocal real estate appraiser license/
certification.

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

Or mail this completed form with a check or money order for the
\$620 non-refundable fee (payable to Department of Licensing) to:

**Real Estate Appraiser
Department of Licensing
PO Box 3777
Seattle, WA 98124-3777**



27011-APPLICATIONS

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

Application type (*choose only one*):

- Certified general
- Certified residential
- State licensed

Applicant

TYPE or PRINT Name as you would like it to appear on your license		Former name
Full legal name (<i>First, Middle, Last</i>)		
Social Security number*	Date of birth (<i>mm/dd/yyyy</i>)	
Military? (<i>check if applicable</i>) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner		
Mailing address (<i>Street or PO Box, City, State, ZIP code</i>)		
Company name, if mailing address is to a business		
(Area code) Phone number (<i>during normal business hours</i>)	Email	

*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).

Licensing information

Primary state you are actively licensed in		
Secondary state actively license in (<i>if applicable</i>)	Out-of-state license/certificate number	
Have you ever been licensed in Washington?	Have you had a Washington Temporary Permit issued to you?	Washington issued license numbers

Legal background

Answer the following

If you answer "Yes" to any these questions, attach a detailed explanation.

In this state or any other jurisdiction, are you or have you:

- 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? Yes No
- 2. Within the last 10 years, had any civil court order, verdict, or judgment entered against you? Yes No
- 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) Yes No
- 4. Currently required to register as a sex offender? Yes No
If "Yes," in which state _____ and county _____

Declaration

Answer the following

- 1. 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
- 2. Do you agree to follow all the applicable laws and rules of this profession? Yes No
- 3. 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.

TYPE or PRINT Name
X
Signature

Date and place

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