

## APPLICATION FOR APPRAISAL LICENSE/CERTIFICATION

**TYPE OR PRINT IN INK:** The application fee is **\$200** for residents and reciprocal licensees, **\$250** for non-residents. Please make checks or money orders payable to the **Rhode Island General Treasurer**. Incomplete applications will be returned.

Indicate the level you are applying for:	□ Trainee License	□ Licensed Residential
	Certified Residential	Certified General

1. Full Name				
	First	Middle	Last	
2. Home Add	ress			
		Street Address or PO Box		
	City	State	Zip	
	1 1			
	Telephone No.		Email Address	<u> </u>
3 Business A	Address			
		Name of Business		
		Street Address or PO Box		
	~			
	City	State	Zip	
			<b>F</b> (14.1)	
	Telephone No.		Email Address	
4. Which add	ress would you prefer	to use as your primary	mailing address?  □ Home	□ Business
5. Date of Bin	rth//	6. Soc	ial Security #/	/
7. State of Le	gal Residence	8. Stat	e of License/Certification <sup>1</sup>	

<sup>1</sup> Reciprocal Licensees only

#### **RESIDENCE**

9. List all places of residence for the past **five years**; List present address first.

Street Address	City	State	Zip Code	No. of Years
<u> </u>				

## **EMPLOYMENT**

10. List all employment during the past five years; List present employer first.

Company Name	City	State	From (Mo/Yr)	To(Mo/Yr)

11. How many years of full-time real estate appraisal experience do you possess?

12. How many years of part-time real estate appraisal experience do you possess?

#### **CHARACTER**

## All applicants must submit a criminal history record with this application. Please see instructions on the Department's website @ www.dbr.state.ri.us.

13.	Have you ever been denied an appraisal license or certificate in Rhode Island or any other state?
14.	Have you ever had an appraisal license or any other type of professional license suspended or revoked?
15.	Are there any charges, administrative actions or lawsuits pending against you in connection with any appraisal or other professional license that you now hold or have held?
16.	Have you ever been convicted of a criminal offense (other than minor traffic offenses) in this state or any other state? $\Box$ Yes $\Box$ No
17.	Are there any criminal charges now pending against you? If yes, please provide a complete copy of of the court's disposition, arrest warrant, and indictment.
18.	Are you a citizen of the United States (either born or naturalized)?
	$\Box$ Yes $\Box$ No

#### 19. STATEMENT OF TRUTH

I, the undersigned, swear (or affirm) that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny licensure as an appraiser by the Rhode Island Department of Business Regulation.

Signature	e of Applicant	
Sworn and subscribed to me this	day of	20
(Name of Notary Public)		(Signature of Notary Public)
	My Cor	nmission expires
(Affix Seal)	County	State

#### **REFERENCES**

Please provide evidence of good moral character, as established by references from individuals or schools.

Name	Address	Signature

## **EDUCATION**

If you obtained your education using the Segmented Scenario prior to January 1, 2008 then fill out Schedule A. If you obtained your education under the current criteria beginning January 1, 2008 then fill out Schedule B. If you are applying using a combination of current criteria courses taken after January 1, 2008 and are requesting equivalency for college courses taken before or after January 2008 then use Schedule B.

#### SCHEDULE A

List all pre-licensing/qualifying education courses you have taken. All courses must consist of a minimum of fifteen (15) classroom hours by an on-site instructor (i.e. no distance education) with an examination. **Attach original certificates of completion.** 

Course Title	Course Provider	Classroom hours	Mo./Yr.

Note: All applicants must have completed a 15- Hour National USPAP course and possess at minimum a high school diploma or it's equivalent in order to qualify for examination.

#### **SCHEDULE B**

### **Trainee Appraiser**

As a prerequisite for application, an applicant must have completed seventy-five (75) creditable class hours as specified in the required Core Curriculum. Attach original certificates of completion.

Required Courses	<u>Hours</u>	<b>Completion Date</b>
Basic Appraisal Principles	30 🗆	
Basic Appraisal Procedures	30 🗆	
15- Hr. National USPAP or Equivalent	15 🗆	

#### **Licensed Residential Appraiser**

The prerequisite for taking the AQB approved examination is completion of one hundred fifty (150) creditable class hours as specified in the required Core Curriculum. Attach original certificates of completion.

Required Courses	<u>Hours</u>	<b>Completion Date</b>
Basic Appraisal Principles	30 🗆	
Basic Appraisal Procedures	30 🗆	
15-Hr. National USPAP or Equivalent	15 🗆	
Residential Market Analysis & Highest & Best Use	15 🗆	
Residential Appraiser Site Valuation & Cost Approach	15 🗆	
Residential Sales Comparison & Income Approaches	30 🗆	
Residential Report Writing & Case Studies	15 🗆	

## **Certified Residential Appraiser**

The prerequisite for taking the AQB approved examination is completion of two hundred (200) creditable class hours as specified in the required Core Curriculum. Attach original certificates of **completion.** In addition to certificates of course completion for appraisal education, please attach an **original transcript** from your accredited college or university verifying you have at minimum a two-year Associate's Degree.

Required Courses	<b>Hours</b>	<b>Completion Date</b>
	20 -	
Basic Appraisal Principles	30 🗆	
Basic Appraisal Procedures	30 🗆	
15-Hr. National USPAP or Equivalent	15 🗆	
Residential Market Analysis & Highest & Best Use	15 🗆	
Residential Appraiser Site Valuation & Cost Approach	15 🗆	
Residential Sales Comparison & Income Approaches	30	
Residential Report Writing & Case Studies	15 🗆	
Statistics, Modeling & Finance	15 🗆	
Advanced Residential Applications & Case Studies	15 🗆	
Appraisal Subject Matter Electives	20 🗆	
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In lieu of an Associate's degree, an applicant for the Certified Residential license shall successfully pass all the following collegiate subject matter courses from an accredited college or university. The applicant must possess twenty-one (21) semester credit hours covering the following subject matter courses.

Note: For college level courses, a full semester will result in full semester hours. For college level courses taken in a quarterly system, one-quarter hour credit is equivalent to .67 semester credit hours. Therefore 4.5 quarter hours are needed to satisfy the 3 hours minimum per subject.

Courses	Full hours needed	Full semester hrs. claimed	Quarter hours claimed	Conv. Factor	Full hours converted from qtr.hrs.
English Composition	3			.67	
Principles of Economics (Micro or Macro)	3			.67	
Finance	3			.67	
Algebra, Geometry (or higher mathematics)	3			.67	
Statistics	3			.67	
Computer Science	3			.67	
Business or Real Estate Law	3			.67	
Total hours	21				

## **Certified General Appraiser**

The prerequisite for taking the AQB approved examination is completion of three hundred (300) creditable hours as specified in the required Core Curriculum. **Attach original certificates of completion.** In addition to certificates of course completion for appraisal education, please attach an **original transcript** from your accredited college or university verifying you have a Bachelors Degree or higher.

Required Courses	<u>Hours</u>	<b>Completion Date</b>
Basic Appraisal Principles Basic Appraisal Procedures	30 □ 30 □	
15-Hr. National USPAP or Equivalent	15 □	
General Appraiser Market Analysis & Highest & Best Use	30	
Statistics, Modeling and Finance	15 🗆	
General Appraiser Sales Comparison Approach	$30 \square$	
General Appraiser Site Valuation & Cost Approach	$30 \square$	
General Appraiser Income Approach	60 🗆	
General Appraiser Report Writing & Case Studies	30	
Appraisal Subject Matter Electives	30	

In lieu of a Bachelors degree, an applicant for the Certified General license shall successfully pass all of the following collegiate subject matter courses from an accredited college or university. The applicant must possess thirty (30) semester credit hours covering the following subject matter courses.

Note: For college level courses, a full semester will result in full semester credit hours. For college level courses taken in a quarterly system, one-quarter hour credit is equivalent to .67 semester credit hours. Therefore 4.5 quarter hours are needed to satisfy the 3 hours minimum per subject.

Courses	Full hours needed	Full semester hrs. claimed	Quarter hours claimed	Conv. Factor	Full hours converted from qtr.hrs.
English Composition	3			.67	
Micro Economics	3			.67	
Macro Economics	3			.67	
Finance	3			.67	
Algebra, Geometry (or higher mathematics)	3			.67	
Statistics	3			.67	
Computer Science	3			.67	
Business or Real Estate Law	3			.67	
*Elective Course:	3			.67	
*Elective Course:	3			.67	
Total hours	30				

\* The two elective courses must be in Accounting, Geography, Agricultural Economics, Business Management or Real Estate.

#### EXPERIENCE

Prior to completing the experience portion, carefully review the experience requirements established by the Rhode Island Real Estate Appraisers Board and the AQB "Real Property Appraiser Qualification Criteria, effective January 1, 2008." These requirements are included and needed to complete this application. Only those individuals who meet the requirements for Certification as established by the Rhode Island Real Estate Appraisers Board may apply for certification by the Board.

The applicant herein grants the Rhode Island Real Estate Appraisers Board and/or the Rhode Island Department of Business Regulation, their agents and representatives the right and authorization to make inquiries as it deems necessary to verify the information in this application, which authorization shall include, but not limited to, requesting samples of previous work performed, requesting evaluations by prior employers of applicants work product, requesting explanation as to type of work performed, verifying hours and term of employment, requesting verification of educational experiences and courses taken, and requesting information from governmental entities and other sources of information relevant to this application.

I, the undersigned, hereby certify that all the information contained in this application is true and correct to the best of my knowledge. Further, authorization is hereby granted to the "Board" to verify the information submitted through appropriate procedure.

Sig	nature of Applicant	
Sworn and subscribed to me this	day of	20
(Name of Notary Public)	(	(Signature of Notary Public)
	My Commissio	n expires
(Affix Seal)	County	State
(Affix Seur)		
FC	OR OFFICE USE ONLY	ζ
Certification granted	License	granted
Certified General		nee License
Date:	_	Date:
Certified Residential		nsed Residential
Date:	_	Date:
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## **Tax Payer Status Affidavit / Identity Verification**

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

# Please return this affidavit along with your license application to: Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Cranston, RI 02920.

Licensee Declaration				
□ I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.				
□ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.				
□ I am currently pursuing administrative review of taxes owed to the state.				
□ I am in federal bankruptcy. (Case #	)			
□ I am in state receivership. (Case #)				
□ I have been discharged from Bankruptcy. (Case #)				
Full Name (Please Print or Type)	Social Security Number (or FEIN for Business)			
Signature	Date			