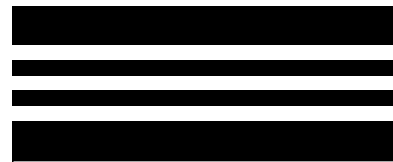




Real Estate Appraiser License/Certification Application



Apply for a real estate appraiser license/certification.

Your application must include:

- Copies of course completion certificates or copies of the front and back of your official college transcripts for the required courses
- Your Real Estate Appraiser Applicant/Trainee Experience Log and/or Real Estate Assessor Mass Appraisal Log
- An official transcript sent to us from your college or university if post-secondary drees or courses are required



Online: <https://professions.dol.wa.gov>

Or mail this completed form, all required attachments, and a check or money order for the **\$740 non-refundable fee** (payable to Department of Licensing) to:

**Real Estate Appraiser
Department of Licensing
PO Box 3917
Seattle, WA 98124-3917**

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

\$0 self-print license online.

\$5 each. DOL print and mail license. Quantity_____ Total \$_____

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 (First, Middle, Last)		
Social Security number*		Date of birth
Mailing address (Street or PO Box, City, State, ZIP code)		
10-digit phone number (during normal business hours)	Email	
Military? (check if applicable) Current or former: Military member Military spouse or domestic partner		
<p>For Servicemembers and their spouses: When a Servicemember and their spouse must relocate due to military orders, their current license/certificate may be recognized in the state of Washington if the following requirements are met:</p> <ol style="list-style-type: none"> 1. You must provide a copy of the military orders to relocate. 2. You must remain in good standing with all jurisdictions where you are licensed in your profession. 3. If needed, you must complete any Continuing Education (CE) required to maintain a professional license. 		

*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).

Applicant (continued)

For Servicemembers and their spouses: When a Servicemember and their spouse must relocate due to military orders, their current license/certificate may be recognized in the state of Washington. If you hold a license in any jurisdiction (excluding Washington), complete the table below. An original Certification of Licensure/Letter of Good Standing from each jurisdiction may be requested during application review.

State/Jurisdiction	License number	Expiration date

Legal background

Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, have you 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 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) Yes No

Qualifying experience and general work history

1. Total number of logged hours of experience in residential real estate appraising _____
2. Total number of logged hours of experience in non-residential real estate appraising. _____

List in chronological order all real estate appraiser work experience. If you are (or have been) self-employed, and the sole proprietor of the company, please list the company name and enter "self" under "Employer or Supervisor." You may attach additional pages if necessary.

1 Name of company	Your title/position	10-digit phone number	Employer/Supervisor name	
Company address		Dates (From - To)	Monthly hours	Total hours
Duties				
2 Name of company	Your title/position	10-digit phone number	Employer/Supervisor name	
Company address		Dates (From - To)	Monthly hours	Total hours
Duties				
3 Name of company	Your title/position	10-digit phone number	Employer/Supervisor name	
Company address		Dates (From - To)	Monthly hours	Total hours
Duties				
4 Name of company	Your title/position	10-digit phone number	Employer/Supervisor name	
Company address		Dates (From - To)	Monthly hours	Total hours
Duties				

Declaration *(continued)*

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

	TYPE or PRINT Name
	X
Date and place	Signature

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