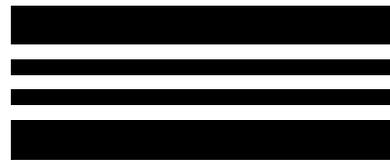




# Real Estate Appraiser Trainee Registration Application



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 **\$400 non-refundable fee** (payable to Department of Licensing)



Submit online: <https://professions.dol.wa.gov>

Or by mail: **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 \$ \_\_\_\_\_

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](mailto: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)	10-digit 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			

\*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).

## 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

## 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

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 and do you understand the penalties for misconduct? . . . . .  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 false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.**