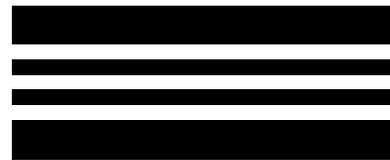




# Real Estate Appraiser Inactivate/Reactivate License



Real estate appraisers can inactivate or reactivate licenses.

Mail this completed form, all required attachments, and a check or money order for the renewal fee (payable to Department of Licensing) to:

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



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

## Fees

- Inactivate license during licensure period—**no fee**
- Reactivate license during licensure period—**\$530** + 15-hour USPAP
- Reactivate license at time of renewal—**\$530** + 15-hour USPAP + 28 hours continuing education

**Inactivate license during licensure period—complete applicant name and license number fields, and date and sign. All others, also answer legal background questions and date and sign.**

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 \_\_\_\_\_

## Applicant

TYPE or PRINT Applicant name ( <i>First, Middle, Last</i> )		License number
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

If your phone number, email, or address has changed, please provide your updated information.

10-digit new phone number	Email
New mailing address ( <i>Street or PO Box, City, State, ZIP code</i> )	

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

_____	TYPE or PRINT Name
_____	<b>X</b> Signature
_____	Date and place signed

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