



Real Estate Appraiser Temporary Practice Application

Apply for a temporary permit to practice as a real estate appraiser in Washington. Temporary permits are valid for 6 months and may be extended. Only 3 permits allowed in a calendar year.

You must include a copy of the signed Assignment Contract.

The contract must:

- be on letterhead
- with the subject addresses
- describe the scope of the assignment
- show the due date

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

Or mail this notarized form and all required documents with a check or money order for the **\$250 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

Temporary permit 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	
Full legal name (First, Middle, Last)	
Social Security number*	Date of birth
Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner	
Mailing address (Street or PO Box, City, State, ZIP code)	
Company name, if mailing address is to a business	
10-digit phone number (during normal business hours)	Email
Answer the following Have you ever applied for licensure/certification as a real estate appraiser in Washington State? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is your license number? _____ What is the full name under which you applied (permanent or temporary permits)? _____	

*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).

Out-of-state information

State	Month/Year issued	Number	Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Month/Year expired
Full name under which you are licensed (<i>as it appears on your license</i>)				

Attestation—Your signature must be notarized

I, the undersigned, certify that I am the person referred to in this application for a temporary permit as a real estate appraiser in the state of Washington, that I have read and understand RCW 18.140 and WAC 308-125. I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me are true and correct. Should I furnish any false information in this application, I agree that it will be cause for the denial, suspension, or revocation of my temporary permit to practice as a certified/licensed real estate appraiser in Washington State.

I authorize all organizations, my references, employers (*past and present*), business and professional associates (*past and present*), and all governmental agencies (*local, state, federal or foreign*) to release to the Department of Licensing any information, files, or records requested by the Department to process this application.

TYPE or PRINT Name**X**_____
Applicant signature_____
Date**Consent to service—Requirement for all out-of-state applicants (signature must be notarized)**

I, the undersigned, residing in the state of _____, have obtained or am about to obtain a registration/license/certification from the state of Washington to engage or continue in the business of real estate appraising. I irrevocably consent that suits and actions may be commenced against me in any county of the state of Washington in which any party/plaintiff having cause of action against me may reside and that service of any process or pleading in an action or suit may be made by delivering it to the Director of the Department of Licensing of the state of Washington, at Olympia, Washington.

TYPE or PRINT Name**X**_____
Applicant signature_____
Date**Notary—All signatures must be notarized**

State of _____, County of _____	
Signed or attested before me on _____ by _____	
(Seal or stamp)	_____ Signature
	_____ Printed or stamped name
	_____ and _____
	_____ Title
	_____ Expiration date of appointment