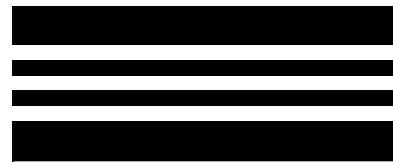




# Real Estate Appraiser Reciprocal License/ Certification Application



Apply for a reciprocal real estate appraiser license/certification.

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

Or mail this completed form with a check or money order for the **\$1,080 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](mailto: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 (mm/dd/yyyy)	
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	
Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner		
<p><b>For Servicemembers and their spouses:</b> 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"> <li>1. You must provide a copy of the military orders to relocate.</li> <li>2. You must remain in good standing with all jurisdictions where you are licensed in your profession.</li> <li>3. If needed, you must complete any Continuing Education (CE) required to maintain a professional license.</li> </ol>		

\*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

**Licensing information**

Primary state you are actively licensed in		
Secondary state actively license in (if applicable)	Out-of-state license/certificate number	
Have you ever been licensed in Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had a Washington Temporary Permit issued to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Washington issued license numbers

**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

**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? . . . . .  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
	<b>X</b>
Date and place	Signature

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