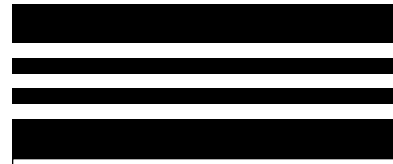




Real Estate Appraiser Inactivate/Reactivate License



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.

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 |
| _____ | X 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.