



**State of Rhode Island**  
**Department of Business Regulation**  
**Division of Commercial Licensing**  
**Real Estate Appraisers Section**  
**1511 Pontiac Ave, Bldg. 69-1**  
**Cranston, RI 02920**

**REAL ESTATE APPRAISER RENEWAL FORM**

If you wish to renew your license/certification for the forthcoming two years in accordance with R.I. Gen Laws § 5-20.7-17 and Regulation 230-RICR-30-20-1; please submit the following:

- Continuing Education Certificates of Completion totaling twenty-eight (28) hours, seven (7) of those hours must consist of a National USPAP Update Course, or its Equivalent. Appraisers may not receive credit for completion of the same continuing education course offering within the appraisers' two-year renewal cycle.
  
- A Check or Money Order in the amount of **\$480** made payable to the **RI General Treasurer**. Add an additional \$30 if your license has exceeded the expiration date, along with a completed License Reissuance Affidavit.

[http://www.dbr.ri.gov/documents/divisions/commlicensing/realestateappraisers/RE-Reissuance\\_Affidavit-ap.pdf](http://www.dbr.ri.gov/documents/divisions/commlicensing/realestateappraisers/RE-Reissuance_Affidavit-ap.pdf)

Please provide an email address that will be used for *all communication*, i.e. copy of license and renewal notifications:

First Name		Middle Initial	Last Name	
Residence Street Address		Residence City	State	Zip Code
Telephone Number	Social Security Number		License/Certification Number	
Business Address				
Business Name			Business Telephone Number	
Business Street Address		City	State	Zip Code
*Have you ever had an appraiser license or certification denied, suspended or revoked in any state?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Are there any disciplinary actions, administrative actions or lawsuits pending against you in connection with an appraisal license that you now hold or have held?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Have you ever been convicted of any criminal offense (other than minor traffic offences) in any state?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
*If you answered yes, please provide a written explanation and/or a copy of the courts disposition.				



## Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called “licensee”) to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

### Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # \_\_\_\_\_)
- I am in state receivership. (Case # \_\_\_\_\_)
- I have been discharged from Bankruptcy. (Case # \_\_\_\_\_)

\_\_\_\_\_  
Full Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number (or FEIN for Business)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date