

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

TRAINEE APPRAISER APPLICATION

Please print or type. Incomplete applications will be returned. Please allow 7-10 business days for processing.

REQUIREMENTS

- 1. A check or money order for \$680.00, made payable to the "RI General Treasurer".
- 2. A Criminal History Record (CHR) from the Rhode Island Department of the Attorney General's Office, located at 4 Howard Avenue, Cranston, RI 02920. Hours of operation are from 8:30 am to 4:30 pm. Non-residents must ALSO submit a CHR/CORI from their home state law enforcement agency.
- 3. The certificates of completion for the required seventy-five (75) hours of core curriculum/qualifying education. The education must have been completed within the five (5) year period prior to the date of submission of a Trainee Appraiser application.
- 4. A Supervisory Appraiser/Trainee Appraiser course completion certificate for both the trainee and supervisory appraiser.

| APPLICANT INFORMATION | | | | | | | |
|--|--------|--|----------------------------------|-----------|--|--|--|
| Name: | | | | | | | |
| SSN: | | | Date of Birth: | | | | |
| Residential Address: | | | | | | | |
| City: | State: | | | Zip Code: | | | |
| Phone Number: | En | | nail Address: <i>(Mandatory)</i> | | | | |
| Have you ever been convicted of any felony or misdemeanor in any state? Ves No If " Yes ", please provide a complete copy of the courts disposition. | | | | | | | |
| Have you ever had an appraiser license or certification denied, revoked or suspended in any state? Ves No If " Yes ", please provide a detailed explanation. | | | | | | | |
| EMPLOYMENT INFORMATION | | | | | | | |
| Agency Name: | | | | | | | |
| Agency Address: | | | | | | | |
| City: | State: | | | Zip Code: | | | |
| Phone Number: | Ema | | ail Address: <i>(Mandatory)</i> | | | | |

AFFIDAVIT(S) & SIGNATURE(S)

Trainee Affidavit - TO BE COMPLETED BY THE DESIGNATED SUPERVISORY APPRAISER

I certify that the I accept responsibility for the training, guidance, and direct supervision of the individual named above by:

- 1. Accepting responsibility for the appraisal report by signing and certifying the report complies with USPAP;
- 2. Reviewing and signing the Trainee Appraiser appraisal report(s); and
- 3. Personally inspecting, with the trainee, the interior and exterior of each appraised property for a minimum of twenty-five (25) appraisal assignments;
- 4. Maintaining joint but separate appraisal logs
- 5. Completing a course that is specifically oriented to the requirements and responsibilities of Supervisory Appraisers and expectations for Trainee Appraisers.

Furthermore, I certify that I have been credentialed by the Department for at least three (3) years as either a certified residential or certified general real estate appraiser without any disciplinary action taken against my appraiser license or certification within the past three (3) years.

Name of Certified Appraiser

Signature of Certified Appraiser

RI License/Certification Number

Tax Payer Status Affidavit

Pursuant to R.I. Gen. Laws, Chapter 5-79, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due to the state or must have entered into a written agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

| Have you filed all required Rhode Isla | and State tax returns. and have v | ou paid all taxes owed? | 🗆 Yes | 🗆 No | \square N/A |
|--|-----------------------------------|-------------------------|-------|------|---------------|
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Affidavit of Application

I swear, under penalty of perjury that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny licensure by the Rhode Island Department of Business Regulation.

Signature of Applicant

Date of Signature (MM/DD/YY)

| OFFICE USE ONLY | | | | | |
|--------------------------------|-------|--|--|--|--|
| Date application was received: | Date: | | | | |
| CHR Received: | | | | | |
| QE (75 hrs.) Certs.: | | | | | |
| Supervisory/Trainee Certs.: | | | | | |
| License #: | | | | | |
| Approval: | | | | | |
| Expiration: | | | | | |