



**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**

RECIPROCAL LICENSING INSTRUCTIONS

The Department may, upon application, issue a license or certificate to an applicant who has otherwise met the requirements for licensure and/or certification in the State of Rhode Island without examination, provided the following terms and conditions are met:

1. The applicant holds a valid credential from a state which is in compliance with 12 U.S.C. 3351.
2. The credentialing requirements of that state as they exist at the time of application for reciprocal license must meet or exceed those which currently exist in the State of Rhode Island.
3. The applicant has complied with the provisions of R.I. Gen. Laws § 5-20.7-16.

Please submit the following documents and fees to the address listed above. All incomplete submissions will be returned.

- A completed Real Estate Appraiser Reciprocal Application;
- A Criminal History Record (CHR) from the Rhode Island Department of the Attorney General located at 4 Howard Avenue, Cranston, RI 02920. Hours of operation are 8:30 am to 4:30 pm. For further questions about this process, you may contact the DAG at (401) 274-4400. **Non-residents must ALSO submit a CHR/CORI from their home state law enforcement agency.**
- A Check or Money Order made payable to the RI General Treasurer, in the amount of \$680.00 for the application fee and two-year licensing fee.



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RECIPROCAL REAL ESTATE APPRAISER APPLICATION

Select the license type you are applying for:

Licensed Residential

Certified Residential

Certified General

APPLICANT INFORMATION		
Name:		
SSN:	Date of Birth:	
Residential Address:		
City:	State:	Zip Code:
Phone Number:	Email Address: <i>(Mandatory)</i>	
Have you ever had an appraiser license or certification denied, revoked or suspended in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide a detailed explanation.		
Have you ever been convicted of any felony or misdemeanor in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide a complete copy of the courts disposition.		
Have you ever had an appraisal license, certification or any other occupational license disciplined by any governmental agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please attach copies of any orders or agreements.		
EMPLOYMENT INFORMATION		
Agency Name:	Phone Number:	
Agency Address:		
City:	State:	Zip Code:
Original State of Licensure:	License/Certification Type:	License/Certification Number:
AFFIDAVIT(S) & SIGNATURE(S)		
Tax Payer Status Affidavit Pursuant to R.I. Gen. Laws, Chapter 5-76, 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 Island State tax returns, and have you paid all taxes owed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

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)

CONSENT FOR SERVICE OF PROCESS (Non-Residents ONLY)

I, _____, having applied to be licensed/certified as a non-resident real estate appraiser in the State of Rhode Island, do hereby irrevocably appoint the RI Secretary of State, as my agent, upon whom all lawful process in any action or legal proceeding against me may be served in like manner and with the same legal force and effect as if I had been lawfully served with said process. As such, I do hereby authorize said attorney to receive and accept service of process, pursuant to the provisions of R.I. Gen. Laws § 5-20.7-16(a) and Regulation 230-RICR-30-20-1 – Real Estate Appraisers.

Signature of Applicant

Date of Signature (MM/DD/YY)

OFFICE USE ONLY

	Date
Date application was received:	
National Registry Report:	
CORI Received:	
CHR Received:	
License #.:	
Approval:	
Expiration:	