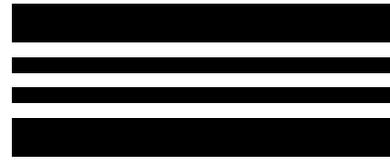




Real Estate Appraiser Supervisor Registration



Use this form to register as an appraiser supervisor or to let us know when you are no longer supervising an appraiser trainee.

You must complete the 4-hour supervisor/trainee course before you can supervise trainees.

Register online: www.dol.wa.gov/business/appraisers

Or mail this completed form to: **Real Estate Appraiser Program
Department of Licensing
PO Box 9021
Olympia, WA 98507-9021**



For questions or language help call (360) 664-6504 or email reappraisers@dol.wa.gov

Supervisor information

| | | | |
|--|--|------------------------------|-----------------------------|
| TYPE or PRINT Your name (First, Middle, Last) | | Certification number | |
| Mailing address | | | |
| Real estate appraiser certification <input type="checkbox"/> Certified general <input type="checkbox"/> Certified residential | | (Area code) Phone number | Email |
| Answer the following If you answer "Yes" to any of the questions below, attach a detailed explanation. | | | |
| In this state or any other jurisdiction, have you: | | | |
| 1. Within the last 10 years, had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Within the last 10 years, defaulted or been convicted of or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic offenses) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Trainee information

| | | | |
|---|------------------------------------|--------------------------|------------------------------|
| 1 Status <input type="checkbox"/> Add <input type="checkbox"/> Remove | Trainee name (Last, First, Middle) | Beginning or ending date | Trainee license #, if issued |
| Email | | (Area code) Phone number | |
| 2 Status <input type="checkbox"/> Add <input type="checkbox"/> Remove | Trainee name (Last, First, Middle) | Beginning or ending date | Trainee license #, if issued |
| Email | | (Area code) Phone number | |
| 3 Status <input type="checkbox"/> Add <input type="checkbox"/> Remove | Trainee name (Last, First, Middle) | Beginning or ending date | Trainee license #, if issued |
| Email | | (Area code) Phone number | |
| 4 Status <input type="checkbox"/> Add <input type="checkbox"/> Remove | Trainee name (Last, First, Middle) | Beginning or ending date | Trainee license #, if issued |
| Email | | (Area code) Phone number | |

Supervisor: Are you personally supervising the trainees listed above? Yes No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Date and place

TYPE or PRINT Name
X
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.