

**State of Florida**  
**Department of Business and Professional Regulation**  
**Florida Real Estate Appraisal Board**  
**Application for Initial Certification for Residential or General Appraiser**  
**Form # DBPR FREAB 10**

**APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.**

APPLICATION REQUIREMENTS
<p><b>ALL License Applicants must submit:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fees: <ul style="list-style-type: none"> <li>• \$360.</li> <li>• Make check or money order payable to the Florida Department of Business and Professional Regulation.</li> </ul> </li> <li><input type="checkbox"/> Electronic fingerprints.</li> <li><input type="checkbox"/> Supporting legal documentation, if necessary. See Section 2(d) of Instructions.</li> <li><input type="checkbox"/> Proof of educational requirements: <ul style="list-style-type: none"> <li>• <b>Residential Appraiser Applicants-</b> Submit a transcript of either an Associate degree or higher OR completion of 21 semester hours (consisting of subject matter listed in Rule 61J1-10.003(1)) with certificates of completion of 200 classroom hours of board-approved courses covering the topics required by the FREAB in subjects related to real estate appraisal, including a classroom-based 15-hr. National Uniform Standards of Professional Appraisal Practice course. (Past courses may be approved by the board and substituted on an hour-for-hour basis).</li> <li>• <b>General Appraiser Applicants-</b> Submit a transcript of either a Bachelors degree or higher OR completion of 30 semester hours (consisting of subject matter listed in Rule 61J1-10.004(1)) with certificates of completion of 300 classroom hours of board-approved courses covering the topics required by the FREAB in subjects related to real estate appraisal, including a classroom-based 15-hr. National Uniform Standards of Professional Appraisal Practice course. (Past courses may be approved by the board and substituted on an hour-for-hour basis).</li> </ul> </li> <li><input type="checkbox"/> Experience requirements: <ul style="list-style-type: none"> <li>• <b>Residential Appraiser Applicants-</b> Submit evidence of 2,500 hours of experience obtained over a minimum of 24 months in real property appraisal.</li> <li>• <b>General Appraiser Applicants-</b> Submit evidence of 3,000 hours of experience obtained over a minimum of 30 months in real property appraisal. Note: A minimum of 1,500 of 3,000 hours must be in nonresidential appraisal work.</li> </ul> </li> </ul>

**Please mail your completed application, documentation and required fee(s) to:**  
Department of Business and Professional Regulation  
1940 North Monroe Street  
Tallahassee, FL 32399-0783

## Instructions

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.

### 1. General Information

- a. Applicant must successfully pass the appropriate National Exam for their license type plus the Florida Supplemental Exam within 1 year of the Department receiving the application.
- b. All experience gained must be USPAP compliant and obtained after January 30, 1989.

### 2. Application Instructions (by section)

#### a. Section I- Application Type

- i. Select the type of certification for which you are applying.

#### b. Section II- Applicant Information

- i. Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
- ii. In the Full Legal Name section provide your full legal name. Do not use any nicknames or initials. Please list any aliases or prior names in the prior name information section.
- iii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- iv. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
- v. Applicants are required to provide at least one physical address – i.e., not a P.O. Box.
  - (1) If your mailing address is not also your physical address, please provide a physical address.
- vi. Provide your business name and the address for the physical location of the business.
- vii. Provide your business contact information.
- viii. Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
- ix. Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.

#### c. Section III- Testing Considerations

- i. Answer whether you are a high school graduate or hold a high school equivalency certificate.
- ii. If you wish to take your examination in Spanish you must make this request when scheduling your exam with PearsonVue.
- iii. If you have a disability and you need special assistance with the examination process, please call the Bureau of Education and Testing at (850)487-9755 to arrange disability accommodations.

#### d. Section IV (a), (b), and (c)- Background Questions

- i. Applicants must submit answers to each of the background questions.
- ii. Question 1:
  - (1) If you answer "yes" to this question, you must complete Section IV (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
  - (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
- iii. Question 2:
  - (1) If you answer "yes" to this question, you must complete Section IV (b) [*make additional copies as necessary*] of the application and provide a copy of the judgment or decree. You must also supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.

- iv. Question 3:
  - (1) If you answer “yes” to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
- v. Question 4:
  - (1) If you answer “yes” to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.
- e. **Section V- Affirmation by Written Declaration**
  - i. Please read and sign the affirmation by written declaration.
  - ii. If the applicant fails to sign the affirmation statement, the application will be deficient and unable to be approved.
- f. **Section VI – Appraisal Experience Log**
  - i. Applicants must document required experience on the appraisal experience log that is attached to this application. **(Form # DBPR-RE-2300).**
  - ii. **The log should be prepared in chronological order.**
  - iii. **A separate log sheet is required for each supervisor.**
  - iv. **Appraisal Experience Type Check Boxes:** Check the appropriate box for the type of experience claimed. If it is a fee/staff appraisal assignment, check the first box. If it is a review assignment, check the second box, etc. **\*\*NOTE: DO NOT MIX EXPERIENCE TYPES ON THIS LOG SHEET. YOU MUST SUBMIT A SEPARATE LOG SHEET FOR EACH EXPERIENCE TYPE (separate pages for fee/staff, separate pages for review experience, etc).**
  - v. **Report Date / Transmittal Date:** The report date is the effective date of the appraisal. (It should be noted if this is a prospective or a retrospective effective date.) The date the appraisal is transmitted and signed is also required.
  - vi. **Form Type:** If the report is completed on a form, report the form number. If the form is not numbered, include a descriptive phrase (e.g. land). If the report is a narrative report, the word “Narrative” should be inserted here.
  - vii. **Description of Applicant's Work Performed:** Briefly describe what parts of the appraisal process the applicant completed.
  - viii. **Scope of Supervising Appraiser's Review:** Briefly describe what the supervisor did to review and confirm the work completed by the applicant and the contents of the report.
  - ix. **Level of Supervising Appraiser's Supervision:** Briefly describe the level of supervision provided to the applicant during the completion of the report.
  - x. **Number of Hours:** This is the total number of hours it took to complete the assignment (actual hours worked on the appraisal). This is attested to by the supervisor's signature.
  - xi. **Date:** This is the date the applicant and supervisor (where applicable) signed each page of the log. Since the log should represent a chronological progression of assignments completed, this date should coincide with the date of the last appraisal listed on each page.
  - xii. **Supervisor's Signature / Designation / License Number:** The signature, designation and license number of the supervisor for the applicant who worked on the appraisals listed on the individual pages of the log is required (e.g. Licensed, Certified Residential, or Certified General). PLEASE NOTE: This requirement only applies to those applicants that currently require supervision (Florida trainees, as well as any out-of-state entry level licensees).
  - xiii. **Applicant Signature / Designation / License Number:** The signature, **current** designation and license number of the applicant who is completing the log is required (e.g. Trainee, Licensed, Certified Residential, etc.) This also applies to out-of-state applicants who are required to insert their out-of-state designation.

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**For additional information see the Instructions at the beginning of this application.**

**Section I - Application Type**

CHECK ONE OF THE CERTIFICATION TYPES	
<input type="checkbox"/> Residential Appraiser [6403/1010]	<input type="checkbox"/> General Appraiser [6404/1010]

**Section II – Applicant Information**

APPLICANT INFORMATION			
Social Security Number*			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
MAILING ADDRESS			
Street Address or P.O. Box			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	
CONTACT INFORMATION			
Primary Phone Number		Primary E-Mail Address	
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	
BUSINESS LOCATION ADDRESS			
Business Name			
Street Address			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	
BUSINESS CONTACT INFORMATION			
Phone Number		Fax Number	
E-Mail Address			

\* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

**Section II – Applicant Information – continued**

CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
PRIOR NAME INFORMATION			
Have you used, been known as, or are currently known by another name (e.g., maiden name or nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If your answer is yes, state name or names used below:			
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix

**Section III – Testing Considerations**

TESTING CONSIDERATIONS
Are you a high school graduate or the holder of an equivalency certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you wish to take your examination in Spanish you must make this request when scheduling your exam with PearsonVue.
Americans with Disabilities Act (ADA) and Disability Accommodation. In accordance with Chapter 61-11.008, Florida Administrative Code, if you have a disability and you need special assistance with the examination process please call the Bureau of Education and Testing at (850)487-9755 to arrange disability accommodations.

**Section IV (a) – Background Questions**

<b>BACKGROUND QUESTIONS</b>			
1.	<input type="checkbox"/> Yes (If yes, please complete Section IV (b))	<input type="checkbox"/> No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." <b>YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.</b>
2.	<input type="checkbox"/> Yes (If yes, please complete Section IV (b))	<input type="checkbox"/> No	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
3.	<input type="checkbox"/> Yes (If yes, please complete Section IV (c))	<input type="checkbox"/> No	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	<input type="checkbox"/> Yes (If yes, please complete Section IV (c))	<input type="checkbox"/> No	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to any question in questions 1-4 above, please refer to Section IV of Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section IV (b) for your response to questions 1 and 2, and complete Section IV (c) for your response to questions 3 and 4. If you have more than two offenses to document in Section IV (b), or more than one offense to document in Section IV(c), attach additional pages as necessary.

**Section IV (b) – Explanation(s) for Background Questions 1 and 2**

<b>EXPLANATION</b>	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

**Section IV (b) – Explanation(s) for Background Questions 1 and 2- continued**

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

**Section IV (c) – Explanation(s) for Background Questions 3 and 4**

EXPLANATION	
State/Jurisdiction:	Application Type/License Number:

**Section V – Affirmation By Written Declaration****AFFIRMATION BY WRITTEN DECLARATION**

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

I further understand that I am competent and qualified to develop and communicate real estate appraisals with safety to the general public and those with whom the person may undertake a relationship of trust and confidence and that I pledge to comply with the Uniform Standards of Professional Appraisal Practice upon certification and understand the types of misconduct for which disciplinary proceedings may be initiated.

Signature:

Date:

Print Name:



Section VII – Appraisal Experience Log (Form # DBPR-RE-2300)



Applicant Name: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Experience is:		Fee / Staff Experience <input type="checkbox"/>	Review <input type="checkbox"/>	Appraisal Analysis <input type="checkbox"/>	Feasibility Analysis <input type="checkbox"/>		
Report Date And Transmittal Date	Form Type	Property Address City, State, Zip	Property Type (SFR, Condo, or 2-4 Units) Commercial	Description of Applicant's Work Performed	Scope of Supervising Appraiser's Review	Level of Supervising Appraiser's Supervision	Number of Actual Hours Worked By Applicant

\_\_\_\_\_  
Signature of Supervisor, Designation and License Number

Date: \_\_\_\_\_

Total # of Hours This Page \_\_\_\_\_

<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing and the facts stated in it are true. <b>I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</b></p>		
Applicant Signature:	Date:	Designation and License Number: