

State of Florida
Department of Business and Professional Regulation
Florida Real Estate Appraisal Board
Application for Out-of-State Certified Appraiser by Mutual Recognition
Form # DBPR FREAB 12

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

| APPLICATION REQUIREMENTS |
|--|
| <p>ALL License Applicants must submit:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fees: <ul style="list-style-type: none"> • \$360. • Make check or money order payable to the Florida Department of Business and Professional Regulation. <input type="checkbox"/> Submit certification of license history from the state you are currently active in, meet the minimal AQB criteria for education, experience, and where you took your AQB approved exam for the certification type you are requesting. (You can claim mutual only for same certification type to same certification type - i.e. Certified Residential to Certified Residential) <input type="checkbox"/> Supporting legal documentation, if necessary. See section 2(d) of Instructions. <input type="checkbox"/> Fingerprints for background check. <ul style="list-style-type: none"> • Request a fingerprint card for Real Estate Appraisers from the Department of Business and Professional Regulation by calling 850.487.1395. |

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 complete 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.
- ii. Indicate that you hold a current and active license as a Certified Residential or General appraiser in another state and are you requesting mutual recognition and provide the state and your license number from that state. If this does not apply to you, please submit form FREAB 10 or 11.

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.

- (2) Applicant's addresses are used only for Department purposes and will not be printed on the license.
- 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 Department will not process the application.

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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 [6403/1012] | <input type="checkbox"/> General Appraiser [6404/1012] |
| Do you hold an active license as an appraiser in another state and are you requesting mutual recognition? <input type="checkbox"/> No <input type="checkbox"/> Yes, State of _____ License Number _____ | |

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 | |

* 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

| BUSINESS CONTACT INFORMATION | | | |
|---|-------|--------------------|------------------|
| Phone Number | | Fax Number | |
| E-Mail Address | | | |
| 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

| BACKGROUND QUESTIONS | | | |
|-----------------------------|--|-----------------------------|--|
| 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." 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. |
| 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

| 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 (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: |
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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: