

State of Florida
Department of Business and Professional Regulation
Florida Real Estate Appraisal Board
Application for Appraiser Trainee Registration
Form # DBPR FREAB 11

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"> • \$230. • Make check or money order payable to the Florida Department of Business and Professional Regulation. <input type="checkbox"/> Electronic fingerprints. <input type="checkbox"/> Supporting legal documentation, if necessary. See Section 2(c) of Instructions. <input type="checkbox"/> Submit evidence of completion of 100 classroom hours of Board approved courses in subjects related to real estate appraisal. Additionally the completion of a classroom based 15-hr. National Uniform Standards of Professional Appraisal Practice course is required. Note: The 15 classroom hours of national USPAP will not be accepted if completed more than two years from the date application is received by the Department.

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0790

A Registered Trainee Appraiser means a person who is registered with the department as qualified to perform appraisal services only under the direct supervision of a Certified Residential or General appraiser. A registered trainee appraiser may accept appraisal assignments only from her or his primary or secondary supervisory appraiser.

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. All education gained must be USPAP compliant and obtained after January 30, 1989.
- b. **Note:** To become active you must submit form # DBPR FREAB 14- Primary Supervisor Designation/Termination Form designating a primary supervisor.

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. Answer whether you are a high school graduate or hold a high school equivalency certificate.
- iv. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- v. 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.

- vi. 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.
 - vii. 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.
 - viii. 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(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 III (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 III (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 III (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 III (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.
- d. Section IV- 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.

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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"/> Trainee Appraiser [6401/1020]

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		
Are you a high school graduate or the holder of an equivalency certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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		

* 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 (a) – Background Questions

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes (If yes, please complete Section III (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 III (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 III (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 III (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 III of Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section III (b) for your response to questions 1 and 2, and complete Section III (c) for your response to questions 3 and 4. If you have more than two offenses to document in Section III (b), or more than one offense to document in Section III(c), attach additional pages as necessary.

Section III (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 – 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: