

**State of Florida  
 Department of Business and Professional Regulation  
 Florida Real Estate Appraisal Board  
 Request for Instructor Evaluation  
 Form # DBPR FREAB 22**

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

APPLICATION REQUIREMENTS
<p><b>Providers applying to teach a course must also submit:</b></p> <p><input type="checkbox"/> Curriculum vitae or a resume listing the applicant's educational and work experience.</p>

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

Department of Business and Professional Regulation  
 2601 Blair Stone Road  
 Tallahassee, FL 32399-0750

**Section I – Board Type**

CHECK ACTION REQUESTED
<p><b>Board:</b></p> <p><input type="checkbox"/> Florida Real Estate Appraisal Board (FREAB)</p>
<p><b>Course Number (only if adding instructors to a currently approved course):</b></p>

**Section II – Applicant Information**

PERSONAL INFORMATION				
Instructor Number or Permit Number (if applicable)				
Last Name	First	Middle	Title	Suffix
MAILING ADDRESS				
Street Address or P. O. Box				
Suite or Office Number				
City	State	Zip Code (+4 optional)		
County (if Florida address)		Country		
CONTACT INFORMATION				
Phone Number		Fax Number		
Primary E-Mail Address				
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address of P. O. Box				
City	State	Zip Code (+4 optional)		
County (if Florida address)		Country		

**Section III – Educational Background**

EDUCATIONAL BACKGROUND				
Name of College/Univ.	Major/Minor	Begin Date	End Date	Degree
Name of College/Univ.	Major/Minor	Begin Date	End Date	Degree
Name of College/Univ.	Major/Minor	Begin Date	End Date	Degree
TEACHING EXPERIENCE				
Name of College/Univ.	Subject(s) Taught	Begin Date	End Date	
Name of College/Univ.	Subject(s) Taught	Begin Date	End Date	
Name of College/Univ.	Subject(s) Taught	Begin Date	End Date	

Please attach any additional information that justifies your educational and teaching history or makes you uniquely qualified to teach this course.

**Section IV –Affirmation by Written Declaration**

PERMIT HOLDER/POINT OF CONTACT AFFIRMATION BY WRITTEN DECLARATION	
<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 application 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>	
Signature:	Date:
Print Name:	