

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

1940 North Monroe Street
Tallahassee, FL 32399-0750
Customer Contact Center: 850.487.1395
FAX: 850.488.8040
www.myfloridalicense.com/dbpr

CHECK ACTION REQUESTED	
Action Requested	<input type="checkbox"/> Request inactive status
<input type="checkbox"/> Designate a trainee's primary supervisor	<input type="checkbox"/> Terminate a trainee's primary supervisor
<input type="checkbox"/> Designate a trainee's secondary supervisor	<input type="checkbox"/> Terminate a trainee's secondary supervisor

REGISTERED TRAINEE APPRAISER
Registration Number
Registrant Name

PRIMARY/SECONDARY SUPERVISOR OF REGISTERED TRAINEE APPRAISER INFORMATION	
Supervisor's License/Certification Number	Supervisor's Designation
<input type="checkbox"/> Primary Supervisor	<input type="checkbox"/> Certified Residential Appraiser
<input type="checkbox"/> Secondary Supervisor	<input type="checkbox"/> Certified General Appraiser
<input type="checkbox"/> Primary/Secondary Supervisor Name	<input type="checkbox"/> Licensed Appraiser
	Primary Supervisor's Contact Information
	Telephone number: _____
	E-mail address: _____

ATTEST STATEMENT	
I affirm that I have provided the above information completely and truthfully to the best of my knowledge.	
Primary Supervising Appraiser	
Sign Here: _____	Date: _____
Required for all action requests	
Secondary Supervising Appraiser	
Sign Here: _____	Date: _____
Required to Designate or Terminate Trainee's Secondary Supervisor	
Registered Trainee Appraiser	
Sign Here: _____	Date: _____
Required to Designate Primary or Secondary Supervisor or to Request Inactive Status	