

**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

| 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"/> Secondary Supervisor | <input type="checkbox"/> Certified Residential Appraiser <input type="checkbox"/> Certified General Appraiser <input type="checkbox"/> Licensed Appraiser |
| Primary/Secondary Supervisor Name | 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 Supervisory Appraiser Sign Here: _____ Date: _____ Required for all action requests | |
| Secondary Supervisory 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 | |