











## INSTRUCTION SHEET – APPRAISAL EXPERIENCE LOG FORM DBPR RE-2300

**Log should be prepared in chronological order  
A separate log is required for each supervisor, when applicable.**

1. **Applicant Name:** List the applicant name as it appears on the application (Last, First, Middle).
2. **Appraisal Experience Type Check Boxes:** Check the appropriate box for the type of experience claimed. If it is a fee/staff appraisal assignment, check the first box. If it is a review assignment, check the second box, etc. **NOTE: DO NOT MIX EXPERIENCE TYPES ON THIS LOG SHEET. THERE SHOULD BE A SEPARATE LOG SHEET FOR EACH EXPERIENCE TYPE (separate pages for fee/staff, separate pages for review experience, etc).**
3. **Report Date:** This is the effective date of the appraisal. It should be noted if this is a prospective or a retrospective effective date. The date the appraisal is transmitted and signed should also be included.
4. **Property Type:** Residential (1-4 residential units), Multi family/commercial, etc.
5. **Property Address:** The physical address of the subject property. You may include the file number behind the address, but the physical location of the subject property must be listed. You may use more than one line for each address (number and street on one line, with city and state on the second line).
6. **Client Name and Address:** The name of the entity or person who engaged the appraisal services and the street address where this client/contact person is physically located. You may use more than one line for each client and their address.
7. **Work Performed:** Describe your contribution to the appraisal (research, inspection, analysis, complete appraisal, etc.)
8. **Form Type:** If the report is completed on a form, report the form number. If the form is not numbered, include a descriptive phrase (e.g. land). If the report is a narrative report, the word "Narrative" should be inserted here.
9. **Number of Hours:** This is the total number of hours it took to complete the assignment (actual hours worked on the appraisal). This is attested to by the supervisor's signature.
10. **Applicant Signature/Designation:** The signature of the applicant who is completing the log is required as well as the **current** designation of that applicant (e.g. Trainee, Licensed, Certified Residential, etc.) This also applies to out-of-state applicants who are required to insert their out-of-state designation.
11. **Supervisor's Signature/Designation:** The signature of the supervisor for the applicant who worked on the appraisals listed on the individual pages of the log is required (e.g. Licensed, Certified Residential, or Certified General). The current designation of the supervisor is also required. **PLEASE NOTE:** This requirement only applies to those applicants that currently require supervision (Florida trainees, as well as any out-of-state entry level licensees).
12. **Date:** This is the date the applicant and supervisor (where applicable) signed each page of the log. Since the log should represent a chronological progression of assignments completed, this date should coincide with the date of the last appraisal listed on each page.



**DBPR 0010-2 – Master Individual Application**



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

PERSONAL INFORMATION				
Social Security Number*				
Last Name		First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		
Race/Ethnicity (check only one): <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Spanish, Hispanic or Latino <input type="checkbox"/> Other				
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/Firm Name				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

\*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

PRIOR LICENSE INFORMATION			
If you currently or previously have held a business or professional license/registration in Florida or elsewhere, please list them below:			
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	

BACKGROUND INFORMATION			
1.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withhold of adjudication? This question applies to any 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 943.058, 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 WILL 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.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraudulent or dishonest dealing, or is there any such case or investigation pending?
3.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Has any license, registration or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or withdrawn in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to questions 1 – 4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please utilize form 0050-1 for your responses to questions 1 and 2, and form 0060-1 for your responses to questions 3 and 4. If you have more than seven offenses to document on form 0050-1, attach additional copies of form 0050-1 as necessary.

**PRIOR NAME INFORMATION**

Have you used, been known as, or called by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? Yes  No   
If your answer is yes, state name or names used below:

Last Name	First	Middle	Title	Suffix
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Last Name	First	Middle	Title	Suffix
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Last Name	First	Middle	Title	Suffix
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STATE OF FLORIDA  
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
[www.MyFlorida.com/dbpr](http://www.MyFlorida.com/dbpr)

**NOTE – This form must be submitted as part of an entire application packet**

APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix

QUESTIONS	
Are you a high school graduate or the holder of an equivalency certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
SPECIAL ACCOMMODATIONS	
Please indicate if you require testing accommodations due to disability or religion. Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes" contact the Bureau of Education and Testing at 850.488.5952 for detailed information and application. All requests must be in writing and include supporting documents.	
MUTUAL RECOGNITION*	
Are you requesting mutual recognition? Yes <input type="checkbox"/> No <input type="checkbox"/>	From what state* are you requesting mutual recognition?
<input type="checkbox"/> I agree, by submitting this application for appraiser mutual recognition, I have read and shall abide by Chapter 475, Part II, Florida Statutes, and Chapter 61J1, Florida Administrative Code.	
CONSENT TO SERVICE	
Are you a Florida resident? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, please read and affirm Irrevocable Consent to Service statements below by checking BOTH items)	
<b>NOTE: The following Irrevocable Consent to Service is applicable to non-resident applicants only.</b>	
<input type="checkbox"/> I agree, by becoming the holder of a Florida real estate license, to submit to the jurisdiction of the Department of Business and Professional Regulation and the Division of Administrative Hearings, which agreement is irrevocable.	
<input type="checkbox"/> I agree, by becoming the holder of a Florida real estate license, that the Director of the Division of Real Estate and his/her successors in office shall receive service of all legal process issued against me in any administrative or civil action or proceeding in this state, and process so served shall be valid and binding, which agreement is irrevocable. I further agree to file with the Division of Real Estate the designation of the name and address of the person to whom process served upon the Division Director is to be forwarded and to keep said designation current.	

\*Appraisal Mutual Recognition is only available to Certified Residential and Certified General Appraisers, in good standing, in the following state(s): Georgia. For specific requirements, please see the individual mutual agreements as posted on the Division's website, [www.MyFlorida.com/dbpr/re/index.shtml](http://www.MyFlorida.com/dbpr/re/index.shtml).

**DBPR 0050-1 – Explanatory Information for Background Questions**



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

**NOTE – This form must be submitted as part of an application packet**

PERSONAL INFORMATION				
Last Name	First	Middle	Title	Suffix
Identify question number on form 0010-1 this explanation pertains to:				

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

Attach additional sheets as necessary



DBPR 0030 – Attest Statement



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION  
NOTE – This form must be submitted as part of an  
application packet

APPLICANT INFORMATION	
Applicant Name: _____	Social Security Number: _____
License Applying For: _____	Application type (Check one):
Telephone Number: _____	Exam <input type="checkbox"/> Initial License <input type="checkbox"/>

ATTEST STATEMENT
I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.
I have successfully completed the education required, if any, for the level of licensure, registration, or certification sought.
I have the amount of experience required, if any, for the level of licensure, registration, or certification sought.
I pledge to comply with the applicable standards of practice upon licensure, registration, or certification.
I understand the types of misconduct for which disciplinary proceedings may be initiated.
Signature: _____
NOTARIZATION
The foregoing application was sworn to and subscribed before me this ____ Day of _____ 20 ____
by _____, _____
Type or print name of applicant Signature of applicant
who is personally known to me or who has produced the following as identification.
_____
Type of identification
Signature of person taking acknowledgement Notary Seal (Rubber Stamp and Expiration)

\*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.