

APPLICATION INFORMATION FOR NON-RESIDENT APPRAISER TEMPORARY PRACTICE PERMIT

Dear Applicant:

Thank you for your interest in obtaining a temporary practice permit in Florida.

Please complete the enclosed application and return it with your \$50 check. Also include copies of any disciplinary action taken against your license or certification in any district.

Florida only issues temporary practice permits for federally related transactions. As defined by Section 475.611(j), Florida Statutes, a “federally related transaction” is any real estate related financial transaction, that a federal financial institution’s regulatory agency or the Resolution Trust Corporation engages in, contracts for or regulates, which requires the services of a state licensed or state-certified appraiser.

The regulatory agencies are:

Board of Governors of the Federal Reserve System
Department of Housing & Urban Development (HUD)
Federal Deposit Insurance Corporation (FDIC)
National Credit Union Administration
Office of the Comptroller of the Currency
Fannie Mac
Freddie Mac

When completing your application, make sure list the financial institution that is your client, a brief description of the property and the federal regulatory agency that regulates your client. To prevent any delays in processing, please assure that all information requested on form: DBPR RE-2020-1 is provided.

If you have any questions or are unsure whether your assignment meets the definition of a federally related transaction, please call our Customer Contact Center at 850.487.1395 or e-mail callcenter@dbpr.state.fl.us.

Once we receive your application, we can issue and mail a temporary practice permit within five (5) business days.

Florida Real Estate Appraisal Board

DBPR RE-2020 – Non-Resident Temporary Appraisal Practice Permit

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
www.MyFloridaLicense.com/dbpr**

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

APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix

QUESTIONS	
Is this application for a federally related transaction? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(If yes, identify federal organization below):	
Federal Organization:	
<input type="checkbox"/> Federal Deposit Insurance Corporation (FDIC)	<input type="checkbox"/> Office of the Comptroller of the Currency
<input type="checkbox"/> Board of Governors Federal Reserve System	<input type="checkbox"/> Office of Thrift Supervision
<input type="checkbox"/> Department of Housing and Urban Development (HUD)	<input type="checkbox"/> Freddie Mac
<input type="checkbox"/> National Credit Union Administration	<input type="checkbox"/> Fannie Mae
Type of Licensure or Certification Held:	
<input type="checkbox"/> Certified Residential Appraiser	<input type="checkbox"/> Other (please identify):
<input type="checkbox"/> Certified General Appraiser	
Appraiser License/Certification Number	State of Licensure/Certification
Client Name	
Property Description	
Project Name	
Street Address	
City	State FL
Zip Code (+4 optional)	

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

PERSONAL INFORMATION				
Social Security Number*				
Last Name	First	Middle	Title	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 <input type="checkbox"/> No <input type="checkbox"/>				
If your answer is yes, state name or names used below:				
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

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, if any, required 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.

Giving knowingly misleading statements or knowing misrepresentation when applying for a license constitutes a felony of the third degree and may result in licensure denial or revocation.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature: _____

Print Name: _____

Social Security Number: _____