



Arkansas Appraiser Licensing and Certification Board

Supervisor/Trainee Course Registration Form

Please select which date you will be attending:

_____ **August 26, 2022**

_____ **November 17, 2022**

Class is from 9:00 am to 1:00 pm.

(Please submit one form per person)

The class limit is 20 people. The class will be held at the offices of the Arkansas Department of Labor and Licensing, 900 W Capitol Ave, 3rd Floor Safety Conference Room, Little Rock, AR 72201. You will receive an email confirmation with parking instructions the week before the class. If we receive your form and the class is full, we will contact you.

Name: _____
(Please print)

Address (including city, state, and zip): _____

E-mail: _____

I plan to be a: Trainee Supervisor

Course Fee: \$50 per person (Refunds will not be issued.)

Signature: _____

Date: _____

Mail to:

Arkansas Appraiser Licensing and Certification Board

900 W Capitol Ave, Ste 400

Little Rock, AR 72201

Office: 501-296-1843

www.arkansas.gov/alcb