



Arkansas Appraiser Licensing and Certification Board  
101 East Capitol, Suite 430  
Little Rock, AR 72201  
[www.arkansas.gov/alcb](http://www.arkansas.gov/alcb)  
501-296-1843

## FORM SR-101

Application Received Date/ by: \_\_\_\_\_  
Check # \_\_\_\_\_ Amount paid \_\_\_\_\_  
Date Reviewed/ by: \_\_\_\_\_  
Date Approved/ by: \_\_\_\_\_  
License number: \_\_\_\_\_  
Process Date/ by: \_\_\_\_\_  
Documents Mailed: \_\_\_\_\_

### FOR BOARD USE ONLY

## APPLICATION FOR STATE REGISTERED APPRAISER

This information constitutes a part of the application process for those candidates who desire to become a State Registered Appraiser. The speed with which your application is processed and registration issued depends directly upon the accuracy and completeness of the information provided on this and succeeding forms. A check for **\$200** made payable to the Arkansas Appraiser Licensing and Certification Board and completion certificates for the 75 hours of Qualifying Education **must** accompany this request for State Registered Appraiser status.

Name: \_\_\_\_\_  
Last, First, Middle Initial

Sex: \_\_\_\_\_ SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_

Residence: \_\_\_\_\_  
Street Address

City/State/Zip

County

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Business Mailing Address (this is where we will send all Board notifications)  
(Leave blank if same as above)

Street Address

City/State/Zip

E-Mail: \_\_\_\_\_ (We will send notifications out via e-mail. This information must be kept current.)

**Please answer the following questions**

\_\_\_\_ Yes or \_\_\_\_ No Have you ever been registered, licensed, or certified in Arkansas or another state as an appraiser? If yes, give your license number and the state(s):

Please check highest education level attained: \_\_\_\_ High school graduate (GED certificate) \_\_\_\_ Associate's degree  
\_\_\_\_ Bachelor's degree \_\_\_\_ Master's degree

\_\_\_\_ Yes or \_\_\_\_ No Have you ever been convicted of, or pled guilty, or *nolo contendere* to any criminal offense, been granted first offender treatment upon being charged with any criminal offense? If marked yes, please provide a detailed explanation with supporting documentation.

\_\_\_\_ Yes or \_\_\_\_ No Have you ever been disciplined by any state or federal licensing agency or authority which regulates any profession? (Disciplinary actions include but are not limited to such actions as a reprimand, a suspension, a revocation, a fine, or any restriction placed on your right to operate as a licensee.) If yes, provide a detailed explanation.

\_\_\_\_ Yes or \_\_\_\_ No Are there any criminal charges or licensing disciplinary proceedings pending against you at this time? If yes, provide a detailed explanation.

\_\_\_\_ Yes or \_\_\_\_ No I have completed the 15 hour USPAP course. (Include copy of certificate with application)

\_\_\_\_ Yes or \_\_\_\_ No I have completed the 30 hour Basic Appraisal Principles course. (Include copy of certificate with application)

\_\_\_\_ Yes or \_\_\_\_ No I have completed the 30 hour Basic Appraisal Procedures course. (Include copy of certificate with application)

\_\_\_\_ Yes or \_\_\_\_ No I have read the Arkansas Appraiser Licensing and Certification Board "Rules and Regulations."

I am applying for approval as a State Registered Appraiser as:

\_\_\_\_ Arkansas Resident \_\_\_\_ Non-Resident

As of the filing date of this application for State Registration, my current or proposed supervisor(s) is \_\_\_\_\_ (Name and license number).

By signing this application and under penalty of perjury, I certify that I am the person whose name and address appear on this application and certify that all the information I have given on this application is true, correct, and complete.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I, the undersigned notary public, certify that the above named individual appeared before me in person and acknowledged signing the foregoing instrument for the purposes therein set forth on this the \_\_\_\_\_ day of (month) \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

State of: \_\_\_\_\_

County of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_