



Arkansas Appraiser Licensing and Certification Board
 101 East Capitol, Suite 430
 Little Rock, AR 72201
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 79 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 4 hour Supervisor/Trainee course. (Include copy of certificate with application)

___ 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: _____