

## Arkansas Appraiser Licensing and Certification Board

Name:

101 East Capitol, Suite 430 Little Rock, AR 72201 www.arkansas.gov/alcb 501-296-1843

FORM EX-207
Application Received:
Received by:
License number:
Process Date:
Processed by:
FOR BOARD USE ONLY

## APPRAISER LICENSURE/CERTIFICATION EXAMINATION APPLICATION

This information constitutes part of the licensure/certification application process for those candidates wanting to take the Arkansas Real Estate Appraiser Examinations

Last,		First,	Middle,	Jr., III, etc.
Work Phone: ( )		Cell: (	)	
Business Address:				
	Street Address			
	City	St	ate	Zip
E-Mail:				
yes, follow the directi	ons below:		ied in another state as an appr	•
It yes, what state or st	ates			
Under what name:				
Arkansas?			ation, appraiser license, or cer	
Under what name(s):				

**FORM EX-207** 

3	Yes or	No	Are you a high	n school graduate or holder	of a GED Certificate?		
				(1) been convicted of any reatment upon being charge		d nolo contendere to any	criminal
state	or federal lic	ensing	g agency or autho	r been disciplined by the Ar ority which regulates any pr , revocation, fine, or any res	ofession? (Disciplinary	actions include but are n	ot limited to
6	Yes or	No	Are there any o	criminal charges or licensing	g disciplinary proceeding	igs pending against you a	t this time?
7	Yes or	No	I am applying f	for a license/certification as	s an Arkansas resident.		
8. Тє	est (Check O			cicensed Certified Residential Certified General			
				nt to the personal interviews the exam administrator to inc			vided the
FEES	S:						
	Board.) 7	This fee	e will be subtract	can be personal or business eted from your new license State registered appraiser t	dues should you pass. Y	ou will owe the difference	_
	B. <u>\$50.0</u>	<u>00</u> Up	grade Fee is paid	d by any SL or CR submitti	ng to take a test.		
	C. <u>\$100</u> .	. <u>00</u> Tes	sting Fee is payal	able directly to Pearson VU	E upon scheduling exam	date, location, and time.	
	idate Inform	ation E	Booklet. I certify	ree to the conditions contain y that I am the person whos on this application form and	e name and address appo	ear on this application, an	nd certify
	Applicant	t's Sign	nature		_	Date	
	owledged sig	ning th	• •	, certify that the above name trument for the purposes the	* *	•	h)
					Notary Publ	lic Signature	
State	of:						
Coun	ty of:						
My C	Commission 6	expires	<b>3:</b>				