



**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: NR-403**

Renewal Received: \_\_\_\_\_  
Credential number: \_\_\_\_\_  
Processed by: \_\_\_\_\_  
Documents Mailed: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Amount of Check:\$ \_\_\_\_\_

**FOR BOARD USE ONLY**

**RENEWAL FOR NON-RESIDENT  
LICENSURE OR CERTIFICATION**

This renewal form applies to appraisers who are not residents of the State of Arkansas who are renewing a current annual non-resident appraiser credential. A non-resident appraiser credential which has been inactive for thirty days or less is considered to be current.

The Non-Resident credential is for:

( ) State Licensed Appraiser                      ( ) State Certified Residential Appraiser                      ( ) State Certified General Appraiser

Instructions: Please type or print legibly in ink the following information and:

- complete and submit this renewal form and the attached Consent for Service of Legal Process form (notarized)
- include a check for the fee of **\$265**, payable to the Arkansas Appraiser Licensing & Certification Board (AALCB). The fee includes a one-time discount of \$75. (\$340 - \$75 = \$265).
- include education completion certificates verifying 14 hours of continuing education completed within the prior 12 months.

Full Legal Name: \_\_\_\_\_  
Last, First, Middle Name

Any Other Name(s) Known As: \_\_\_\_\_

Gender: \_\_\_\_\_ SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

\_\_\_\_\_  
City, State, Zip

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

Work Phone: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Resident State: \_\_\_\_\_ Resident State Appraiser Credential Number: \_\_\_\_\_

Email: \_\_\_\_\_  
(we will send notifications out via e-mail)

I certify that I have read and understand this renewal form and that the answers given herein are true, correct and complete. I will furnish all additional information or documentation requested by the Arkansas Appraiser Licensing and Certification Board (AALCB) for verification of the information given in this renewal form. I understand that failing to provide information or providing information that is false, misleading or fraudulent is grounds for denial of my renewal or revocation of my credential.

I agree that the Board may send all notices and communications concerning my credential to my email address on file with the board.

By signing this renewal form 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 renewal form 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 \_\_\_\_\_, 20\_\_\_\_\_.

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

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

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

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



**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 RA-404**

Received: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Credential number: \_\_\_\_\_

**FOR BOARD USE ONLY**

**NON-RESIDENT RENEWAL FORM  
CONSENT FOR SERVICE OF LEGAL PROCESS**

In accordance with ACA 17-14-101 et seq., "Arkansas Appraiser Licensing and Certification Act 541/1991," this consent form is to be completed by non-resident real estate appraisers renewing his or her non-resident license or certification.

I, the below undersigned, do hereby, irrevocably consent that suits and actions arising out of any of my appraisal work in Arkansas may be commenced against me in the proper court of any county of Arkansas in which the cause of action arose or in which the plaintiff resides, by the service of legal process on the Secretary of State. I agree that such service on the Secretary of State shall be acknowledged in all courts to be valid and binding as if personal service of process had been made upon me.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Street Address, City, State, Zip

\_\_\_\_\_  
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 \_\_\_\_\_, 20\_\_\_\_\_.

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

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

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

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