



Registration # _____

Current Expiration Date: _____

Documents Mailed/By _____

Arkansas Appraiser Licensing and Certification Board

900 West Capitol Avenue, Suite 400

Little Rock, AR 72201

501-296-1843

www.arkansas.gov/alcb

Pymt Type	Ck Date	Ck #	Amt	Processed Date/By
DO NOT WRITE ABOVE THIS LINE				

NON-RESIDENT LICENSE OR CERTIFICATION RENEWAL/REINSTATEMENT FORM

This renewal/reinstatement form applies to appraisers who are not residents of the State of Arkansas who are renewing a current annual non-resident appraiser credential or reinstating a non-resident appraiser credential which has been inactive for less than (12) twelve months.

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

- Renewal form and Consent for Service of Legal Process form** (notarized)
- \$265**, check or money order, payable to the Arkansas Appraiser Licensing & Certification Board (AALCB)
The fee includes a one-time discount of \$75. (\$340 - \$75 = \$265)
- 14 hrs of CE completion certificates**, completed within the prior 12 months

The Non-Resident credential is for:

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

Resident State: _____ Resident State Appraiser Credential Number: _____

Arkansas Appraiser Credential Number: _____

Full Legal Name: _____
Last, First Middle Name

Any Other Name(s) Known As: _____

Gender: _____ SSN: _____ Birthdate: _____

<u>RESIDENCE</u>
Street Address
City, State, Zip

<u>BUSINESS (Indicate "SAME," if same as Residence.)</u>
Street Address
City, State, Zip

Please indicate your primary mailing address. _____ Residence _____ Business

NOTE: This will also be the address AALCB will list on both the Arkansas and ASC Rosters.

Home #:	Cell #:	Business #:
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Email (We send notifications via email.): _____

_____ Yes _____ No I certify that I am in good standing as an appraiser in every jurisdiction where credentialed.
As stated in AALCB Rules Section (II) (C) and Section (IX) (B) (1) (a).

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: _____



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**NON-RESIDENT RENEWAL
 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: _____