

Arkansas Appraiser Licensing and Certification Board State Registration Paper Renewal Form

Name:(Please print legibly)	
(Please print legibly)	
f your address has changed, please fill out a change form l	ocated on the website under the
'Appraisers" link. Then click on the forms link. Submit wit	th this form to:
ALCB	
101 E. Capitol, Suite 430	
Little Rock, AR 72201	
State Registration Number:	
Fee to renew:* \$200 is attached: ☐ Yes ☐ No	
*If you are renewing after December 31, 2017, late fees ma	y apply. Please contact our office at 501-
296-1843 for the exact amount.	
• 14 hours of education taken in 2017 is attached or has be	een sent into the office:** Yes No
**If your 7 Hour USPAP was taken prior to January of 2016	you must complete it prior to this year's
renewal.	
Signature:	_
E-mail:	Date:
Please mail form and check to:	
ALCB	

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