



Arkansas Appraiser Licensing and Certification Board

900 West Capitol Avenue, Ste 400
Little Rock, AR 72201
www.arkansas.gov/alcb
501-296-1843

FORM: TEMP-501

Application Received: _____
Credential number: _____
Processed by: _____
Documents Mailed: _____
Check #: _____
Amount of Check:\$ _____

FOR BOARD USE ONLY

APPLICATION FOR A TEMPORARY PRACTICE PERMIT

The State of Arkansas will recognize temporarily the certificate or license of a real estate appraiser in good standing issued by another state if the appraiser's business is of a temporary nature, the appraiser registers with the Arkansas Appraiser Licensing & Certification Board (AALCB) before beginning the assignment, and pays the required temporary practice permit fee. The temporary practice permit is only valid for a single appraisal assignment. A single appraisal assignment may include one or more properties under one contract for a single client.

The Temporary Practice Permit 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 application and the attached Consent for Service of Legal Process form (notarized)
- include a check for the fee of \$150, payable to the Arkansas Appraiser Licensing & Certification Board (AALCB)
- if you have previously held an Arkansas appraiser credential, please include prior number: _____

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)

THE APPRAISAL ASSIGNMENT:

Name of the Client: _____

Specific Property Address(es) to be appraised (including city, county and state): _____

Type of property being appraised. (i.e. Industrial Building, Farmland, etc.): _____

Estimated time to complete the assignment: _____

I certify that I have read and understand this application 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 application. I understand that failing to provide information or providing information that is false, misleading or fraudulent is grounds for denial of this application 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 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 _____, 20_____.

Notary Public Signature

State of: _____

County of: _____

My Commission expires: _____



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FORM TEMP-502

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**TEMPORARY PRACTICE PERMIT APPLICANT
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 applying for non-resident licensing 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: _____