Reset Form

APPLICATION FOR REAL ESTATE APPRAISER CERTIFICATION

State Form 45016 (R13 / 2-15)
Approved by State Board of Accounts, 2015

REAL ESTATE APPRAISER LICENSURE & CERTIFICATION BOARD
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone : (317) 234-3009
E-mail: pla9@pla.IN.gov
www.pla.IN.gov

INSTRUCTIONS: Please completely fill in your PDF viewer or type.

* Your Social Security number is being requested by this state agency in accordance with Indiana Code. Disclosure is mandatory, and this record cannot be processed without it.

FOR OFFICE USE ONLY		
Application fee	Date fee paid (*month, day, year*)	Receipt number
Certificate number issued	Date license issued (*month, day, year*)	License obtained by

DO NOT WRITE ABOVE THIS LINE

TYPE OF CERTIFICATION

What type of license or certification are you applying for? (*Please check only one*) ☐ Certified residential appraiser ☐ Certified general appraiser

APPLICANT INFORMATION

Name of applicant (*first, middle, last, maiden or previous*)		Social Security number *
Current address (*number and street or rural route, city, state, and ZIP code*)		
Permanent address *(if different from above, number and street or rural route, city, state, and ZIP code*)		
Work telephone number ( )	Other telephone number *(cell or home)* ( )	E-mail address *(required)*
Date of birth *(month, day, year)*		Place of birth *(city, state)*

EDUCATIONAL REQUIREMENTS

Certified Residential: You must have 200 hours of pre-licensing education. In addition, you must also have a Bachelors Degree or higher.
Please submit an official transcript with your application.

Certified General: You must have 300 hours of pre-licensing education. In addition, you must have a Bachelors Degree or higher.
Please submit an official transcript with your application.

PRE-LICENSING EDUCATION

Please list your pre-licensing education. Attach a separate sheet of paper if additional space is needed. Mark additional sheet as "Addendum" and staple to this application. Acceptable education must be obtained from an approved provider.

COURSE TITLE	SPONSOR	NUMBER OF HOURS	MONTH / YEAR COMPLETED
TOTAL HOURS: Certified Residential must have 200 hours of pre-licensing education. Certified General must have 300 hours of pre-licensing education.			

PROFESSIONAL LICENSES HELD IN INDIANA AND OTHER STATES

Do you currently hold or have you ever held a professional license or certification in Indiana or another state? ☐ Yes ☐ No

(If yes, list all states below, including Indiana, in which you have held license / certification / registration / permit to practice any state regulated profession.)

TYPE OF LICENSE / CERTIFICATE/ REGISTRATION / PERMIT	STATE	LICENSE NUMBER	DATE ISSUED *(month, day, year)*	STATUS

EXPERIENCE SUMMARY

Please summarize your experience as documented in your appraisal log in the chart below.

WORK PERFORMED	APPRAISAL PERFORMED BY YOU			DOCUMENTARY REVIEW						
				WITH FIELD INSPECTION AND SEPARATE REPORT			WITHOUT FIELD INSPECTION AND SEPARATE REPORT			
	I			II			III			
		Hours			Hours			Hours		Total Hours
Residential (Forms)										
Residential (Right-of-way)										
Other (Submit Documentation)										
TOTAL RESIDENTIAL										
General (Land, Multifamily)										
General (Multifamily 13+, Proposed Commercial, Industrial)										
General (Right-of-way)										
Other (Submit Documentation)										
TOTAL GENERAL										
TOTAL RESIDENTIAL AND GENERAL										

APPRAISAL LOG								
DATE OF APPRAISAL *(month, day, year)*	NAME OF CLIENT	PROPERTY ADDRESS STREET AND CITY	WORK PERFORMED BY THE TRAINEE / APPLICANT	SCOPE OF REVIEW BY THE SUPERVISING APPRAISER	WORK PERFORMED I, II OR III *(From summary page)*	PROPERTY TYPE OR RESIDENTIAL FORM	REPORT TYPE	ACTUAL NUMBER OF HOURS SPENT
01/01/2015	ABC BANK	1234 Main St. Smallburg	Inspection, Appraisal and Report	Inspect subject and review report	I	Residential Form 1004	Appraisal Report	5.5
Signature of appraiser			Printed name of appraiser			License number		
Signature of supervisor			Printed name of supervisor			License number		

SAMPLE LOG

QUESTIONS

If you answer "Yes" to any question numbers 1 through 4, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date, disposition, and court records. Letters from attorneys are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. *Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,* (1) have you ever been arrested; (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or (5) have you ever pled *nolo contendre* to any offense, misdemeanor, or felony in any state?	☐ Yes	☐ No
2. Have you ever been denied a license, certification, registration, or permit to practice real estate, appraising, or any other profession in this or any other state?	☐ Yes	☐ No
3. Has any complaint been filed against you in the State of Indiana, or in any other state, regarding any professional license you currently hold or have previously held or have you practiced real estate or appraising without a license?	☐ Yes	☐ No
4. Has disciplinary action ever been taken against you regarding any professional license, certification, registration, or permit that you currently hold or have held?	☐ Yes	☐ No
5. Do you agree to promptly return your license certificate and pocket card if and when required by the Board and to conform to all relevant statutes and to the administrative rules promulgated by the Board?	☐ Yes	☐ No

APPLICANT AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant	Date signed (*month, day, year*)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request, and direct any person, firm, officer, corporation, association, organization or institution to release to the Indiana Professional Licensing Agency, or the Real Estate Appraiser Licensure and Certification Board, any files, documents, records or other information pertaining to the undersigned requested by the Agency, or the Board, or any of their authorized representatives, in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Indiana Professional Licensing agency, or the Real Estate Appraiser Licensure and Certification Board, to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information, which is material to my application, and I hereby specifically release the Indiana Professional Licensing Agency, and the Board from any and all liability in connection with such disclosures.

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant	Date signed (*month, day, year*)