

FOR BOARD USE ONLY

APPLICATION/LICENSE #: \_\_\_\_\_ DATE TESTED: \_\_\_\_\_  
APPLICATION FEE:\$ \_\_\_\_\_  CASH/CHECK  CHARGE  
DEPOSIT DATE: \_\_\_\_\_ PROCESSED BY: \_\_\_\_\_

KANSAS REAL ESTATE APPRAISAL BOARD

EXPERIENCE APPLICATION

GENERAL INSTRUCTIONS

- Submit completed application with the \$50 experience application fee, Ad Valorem Tax experience (if applicable), the Summary of Appraisal Experience and log sheets to: Kansas Real Estate Appraisal Board, Jayhawk Tower, 700 SW Jackson, Ste. 804, Topeka, KS 66603.
- The application should be typed or clearly printed in ink and the original should be submitted to the Board.
- All questions must be answered.
- Questions regarding the application should be directed to the Board office at (785) 296-6736 or via e-mail to [caroll.a.pessagno@ks.gov](mailto:caroll.a.pessagno@ks.gov).

PART I - APPRAISER TYPE

STATE LICENSE  CERTIFIED RESIDENTIAL  CERTIFIED GENERAL

1. FULL NAME: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

2. SOCIAL SECURITY NUMBER: \_\_\_\_\_  
Your social security number is required pursuant to 42 U.S.C. 666, K.S.A. 74-148 and K.S.A. 74-139, and may be used for child support enforcement purposes or provided to the Kansas Director of Taxation upon request. The last six digits will be provided for the registry maintained by the Appraisal Subcommittee of the Federal Financial Institutions Examination Council pursuant to federal law.

3. AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX:  MALE  FEMALE

4. RESIDENCE ADDRESS (This must be a street address): \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
RESIDENCE PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

5. MAILING ADDRESS: \_\_\_\_\_  
(If no address is provided, the residence address will be used)  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

6. BUSINESS NAME: \_\_\_\_\_  
BUSINESS ADDRESS (This must be a street address): \_\_\_\_\_  
(If no address is provided, the residence address will be used)  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ FAX No: \_\_\_\_\_

7. Have you ever been known by any other name or alias (including maiden name):  Yes  No  
If "yes", list all names or aliases by which you are or have been known: \_\_\_\_\_

**PART III – PERSONAL HISTORY INFORMATION**

\* IF ANSWERED "YES," APPLICANT MUST ATTACH A DETAILED EXPLANATION AND/OR SUPPORTING DOCUMENTATION.

- 8. Do you now, or have you in the past, held an appraiser's license/certificate (including provisional) in the State of Kansas?  
 Yes  No If "yes", provide the license/certificate number: \_\_\_\_\_
- 9. Do you now, or have you in the past, been licensed or certified as an appraiser in any state other than Kansas?  
 Yes  No If "yes", list all states: \_\_\_\_\_
- \*10. Have you ever practiced or held yourself out as being licensed or certified to practice real estate appraisal in any state when, in fact, you were not licensed or certified to do so?  
 Yes  No If "yes," provide a written explanation of the circumstances.
- \*11. Have you ever had an application for a professional or occupational license or certification denied in this or any other jurisdiction?  
 Yes  No If "yes," provide a written explanation of the circumstances.
- \*12. Has there been a revocation, suspension or any other disciplinary action taken by the state of Kansas or any other jurisdiction in relation to any appraisal license or certification held by you, or is any such action currently pending?  
 Yes  No If "yes," attach a copy of the complaint that sets forth the allegations and any settlement agreement or order that sets forth the outcome.
- \*13. Have you ever been convicted of a criminal offence, either felony or misdemeanor, or is there any such charge now pending against you?  
**Please note**, a criminal record check may be done.  
 Yes  No If "yes", provide the date, offense or pending charge, court and case number, and attach a copy of the charges, any order of conviction, sentencing and any release from probation or parole.  
 \_\_\_\_\_
- \*14. Has a civil judgment been entered against you or a company owned in whole or in part by you, on the grounds of fraud, financial misrepresentation or deceit in the making of any appraisal of real property? [Ref. K.S.A. 58-4118(a)(12)]  
 Yes  No If "yes," provide the date, court and case number and attach a copy of the settlement or judgment.
- \*15. Do you currently have an application for an appraisal license/certificate in Kansas or any other state pending approval or denial?  
 Yes  No If "yes," provide the name of the state and license/certificate type: \_\_\_\_\_  
 \_\_\_\_\_

I hereby attest that the foregoing statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Applicant

VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> </tr> </table>																
EXPIRATION:                      MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px;"> </table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"> </table>	YEAR: <table border="1" style="display: inline-table; width: 40px; height: 20px;"> </table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"> </table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"> </table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"> </table>	AMOUNT OF CHARGE: \$ _____															
PRINT CARDHOLDER'S NAME _____		CARDHOLDER'S SIGNATURE _____															
BILLING ADDRESS _____																	

REQUEST RECEIPT

**PART IV – SUMMARY OF APPRAISAL EXPERIENCE**

APPLICANT'S NAME (PRINT) \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_

ENTER THE TOTAL HOURS FROM THE APPRAISAL EXPERIENCE LOGS.

REAL PROPERTY APPRAISAL EXPERIENCE	
YEAR	TOTAL HOURS
TOTAL:	

AD VALOREM TAX EXPERIENCE	
YEAR	TOTAL HOURS
TOTAL:	

ALTERNATE EXPERIENCE	
YEAR	TOTAL HOURS
TOTAL:	

**GENERAL CLASSIFICATION:** IF YOU ARE APPLYING FOR THE GENERAL CLASSIFICATION, ENTER THE GENERAL HOURS (NON-RESIDENTIAL) FROM THE APPRAISAL EXPERIENCE LOG. YOU MUST HAVE A MINIMUM OF 1,500 HOURS IN THE GENERAL CATEGORY.

REAL PROPERTY APPRAISAL EXPERIENCE	
YEAR	TOTAL HOURS
TOTAL:	

TOTAL REAL PROPERTY APPRAISAL EXPERIENCE HOURS:	
TOTAL AD VALOREM & ALTERNATE EXPERIENCE HOURS*:	
GRAND TOTAL:	

\*Limited to 25% of the total hours

I hereby certify that the information provided in the attached Appraisal Experience Log is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

State of \_\_\_\_\_ )

County of \_\_\_\_\_ ) ss.

Notary Seal

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Date

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

My appointment expires: \_\_\_\_\_.