

**FOR BOARD USE ONLY**

PERMIT #: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

FEE: \$ \_\_\_\_\_

CASH/CHECK

CHARGE

DEPOSIT DATE: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

KANSAS REAL ESTATE APPRAISAL BOARD

**REGISTRATION FOR TEMPORARY PRACTICE**

**PART I – INSTRUCTIONS**

Return the completed form and the \$50 fee to: Kansas Real Estate Appraisal Board, Jayhawk Tower, Roof Garden Level, 700 SW Jackson, Ste. 804, Topeka, KS 66603 or e-mail to [caroll.a.pessagno@ks.gov](mailto:caroll.a.pessagno@ks.gov) (notary seal must be inked).

1. FULL NAME: \_\_\_\_\_  
LAST FIRST MI

2. RESIDENCE ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

3. DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

4. BUSINESS NAME: \_\_\_\_\_

5. BUSINESS ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

6. BUSINESS PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

I am a legal resident of the state of \_\_\_\_\_ and desire to register to receive temporary appraiser licensing/certification privileges in the state of Kansas. I agree to notify the Kansas Real Estate Appraisal Board, in writing, when the appraisal assignment is completed.

**PART III – DESCRIPTION OF APPRAISAL ASSIGNMENT**

Description must include an address, cross-street or legal description. Attach a separate sheet if additional space is needed.

\_\_\_\_\_

\_\_\_\_\_

**PART IV – STATEMENT & APPLICANT SIGNATURE**

I have read and agree to comply with all provisions of the appraiser license laws and rules in the state of Kansas. I do hereby irrevocably consent that suits and actions may be commenced against me, from and after the date of written notification of acceptance of the registration by the state of Kansas, in the proper court of any county in the state in which a cause of action may arise against me growing out of the temporary privileges granted, by the service of any and all processes authorized by the laws of the state of Kansas, being served upon the administrator of the appraiser regulatory agency in such state. I further consent that such service of such processes on said administrator shall be taken and held in all courts in the state of Kansas, to be valid and binding as if due or personal services has been made upon me in the state of \_\_\_\_\_ (resident state).

Have you ever been subject to disciplinary action or had a complaint filed against you in the State of Kansas?  Yes  No

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

State of \_\_\_\_\_ )  
 )  
 County of \_\_\_\_\_ ) ss. \_\_\_\_\_ Notary Seal

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My appointment expires: \_\_\_\_\_ Notary Signature

VISA  MASTERCARD  DISCOVER

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EXPIRATION: MONTH [ ] [ ] YEAR: [ ] [ ] [ ] [ ] AMOUNT OF CHARGE: \$ \_\_\_\_\_

PRINT CARDHOLDER'S NAME \_\_\_\_\_ CARDHOLDER'S SIGNATURE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_