APPLICATION/LICENSE #:			D	ATE APPROVED:		-		
APPLICATION FEE:								
DEPOSIT DATE:		P	ROCESSED BY:		-			
KANSAS REAL ESTATE APPRAISAL BOARD Application for Appraiser's Licensed/Certified in Another State								
 GENERAL INSTRUCTIONS A non-refundable application fee of \$50 must accompany this application. The application should be typed or clearly printed in ink and the <u>original</u> should be submitted to the Board. All questions must be answered. Submit the completed application and all supporting documentation to: Kansas Real Estate Appraisal Board, Jayhawk Tower, Roof Garden Level, 700 SW Jackson, Ste. 804, Topeka, KS 66603. Questions regarding the application should be directed to the Board office at (785) 296-6736 or via e-mail to Raevyn.D.Johnson@ks.gov 								
PART I -	APPRAISER TYPE							
🗆 Stat	E LICENSE		TIFIED RESIDENT	IAL	CERTIFIED GENERAL			
Part II -	APPLICANT DEMOGRAP	HIC INFORMATION						
1.		Last		First	MIDDLE INITIAL			
2.	provided to the Kansas D	er is required pursuant to 42 U.S	. The last six digits		may be used for child support enforcement istry maintained by the Appraisal Subcomn			
3.	Age:	DATE OF BIRTH:		Sex:	MALE FEMALE			
4.	RESIDENCE ADDRESS (Th	is must be a street address):						
	Сіту:		STATE:	ZIP CODE:	COUNTY:			
	RESIDENCE PHONE:		E-MAIL:					
5.	Mailing Address:							
				ZIP CODE;				
6.	BUSINESS NAME:							
	Сіту:		STATE:	ZIP CODE:	COUNTY:			
	BUSINESS PHONE:			Fax No				
7.	Have you ever been known by any other name or alias (including maiden name):							
8.	Do you now, or have yo	u in the past, held an apprais	er's license/certifi	cate (including provisiona	l) in the State of Kansas?			
	□ Yes □ No If "yes", provide the license/certificate number:(This should not include temporary practice permits.)			ermits.)				

FOR BOARD USE ONLY

	I - PERSONAL HISTORY INFORMATION				
	WERED "YES", APPLICANT MUST ATTACH A DETAILED EXPLANATION AND/OR SUPPORTING DOCUMENTATION.				
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?				
*11.	Have you ever had an application for a professional or occupational license or certification denied in this or any other jurisdiction?				
*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, financia 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				

PART IV STATEMENT & APPLICANT SIGNATURE

I agree to comply with the Kansas Certified and Licensed Real Property Appraiser's Act and the Kansas Real Estate Appraisal Board	d
Regulations.	

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

Date

Signature of Applicant

□ VISA □ MASTERCARD □ DISCOVER	
Expiration: Month	YEAR: AMOUNT OF CHARGE: \$
PRINT CARDHOLDER'S NAME	CARDHOLDER'S SIGNATURE
BILLING ADDRESS	