

EDUCATION APPLICATION

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GENERAL INSTRUCTIONS

- Payment of the \$50 non-refundable application fee must be submitted with this application; complete attached payment authorization form OR mail check/money order
- The application should be typed or clearly printed in ink
- All questions must be answered; *incomplete applications will be rejected*
- Submit the completed application and supporting documents via email to kreab@ks.gov or by mail to:
Kansas Real Estate Appraisal Board, 700 SW Jackson St, Ste 804, Topeka KS 66603

PART I - APPRAISER TYPE Select the type of license/certification you are applying for below.

State License

Certified Residential

Certified General

Provisional/Trainee *(If this is selected, you must also select a license/certification type above)*

PART II - APPLICANT INFORMATION

A) DEMOGRAPHICS

1. FULL NAME: _____
LAST FIRST MIDDLE INITIAL

List any other names you have been known by: _____

2. *SOCIAL SECURITY NUMBER: _____ - _____ - _____

3. DATE OF BIRTH: _____ GENDER: **FEMALE** **MALE**
MM/DD/YYYY

B) CONTACT INFORMATION

1. RESIDENCE ADDRESS (Must be a street address): _____
 CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____
 EMAIL ADDRESS: _____ PHONE: _____

2. MAILING ADDRESS (if different): _____
 CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

C) BUSINESS INFORMATION

1. BUSINESS NAME: _____
 BUSINESS ADDRESS (Must be a street address): _____
 CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____
 BUSINESS PHONE: _____

D) ADDITIONAL INFORMATION

1. ARE YOU A MILITARY SERVICE MEMBER? **NO** **YES**
2. ARE YOU THE SPOUSE OF A MILITARY SERVICE MEMBER OR FORMER MEMBER WITH AN HONORABLE DISCHARGE WHO RESIDES OR PLANS TO RESIDE IN KANSAS? **NO** **YES**
3. DO YOU RESIDE OR INTEND TO RESIDE IN KANSAS DUE TO THE ASSIGNED MILITARY STATION? **NO** **YES**
4. IF YOU ARE NOT A KANSAS RESIDENT, DO YOU INTEND TO ESTABLISH RESIDENCY IN KANSAS? **NO** **YES**

*Your SSN 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.

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PART III – APPLICANT HISTORY

If any questions in this section are answered YES, you must attach a detailed explanation and/or supporting documentation

A) LICENSE HISTORY

1. DO YOU NOW, OR HAVE YOU IN THE PAST, HELD AN APPRAISER'S LICENSE/CERTIFICATE (INCLUDING PROVISIONAL) IN THE STATE OF KANSAS?

NO YES **If YES, provide the license/certification number:** _____

2. DO YOU NOW, OR HAVE YOU IN THE PAST, BEEN LICENSED OR CERTIFIED AS AN APPRAISER IN ANY OTHER STATE?

NO YES List ALL states: _____

3. 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?

NO YES **If YES, attach explanation.**

4. HAVE YOU EVER HAD AN APPLICATION FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE OR CERTIFICATION DENIED IN THIS OR ANY OTHER JURISDICTION?

NO YES **If YES, attach order.**

5. 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?

NO YES **If YES, attach a copy of the complaint and any settlement agreement/order setting forth the outcome.**

6. DO YOU CURRENTLY HAVE AN APPLICATION FOR AN APPRAISAL LICENSE/CERTIFICATE IN KANSAS OR ANY OTHER STATE PENDING APPROVAL OR DENIAL?

NO YES **If YES, list the state and license/certificate type applied for.** _____

B) CRIMINAL/LITIGATION HISTORY

1. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE, FELONY OR MISDEMEANOR, OR ARE THERE ANY CHARGES PENDING AGAINST YOU? *NOTE: A criminal record check may be done*

NO YES **If YES, list the offense date, offense/pending charge, court, case number and attach copy of the complaint/citation, judgement and sentencing and proof of completion.**

2. 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)]

NO YES **If YES, provide the date, court and case number and attach a copy of the settlement or judgment.**

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PART IV – QUALIFYING EDUCATION *This log has been updated to include the 8 Hour Valuation Bias course as required by the AQB effective 01/01/2026*

USE THE CHART BELOW TO PROVIDE THE DETAILS OF THE QUALIFYING EDUCATION YOU'VE COMPLETED. THE COURSES AND TOTAL HOURS TAKEN MUST MEET THE REQUIREMENTS FOR THE CLASSIFICATION YOU'RE APPLYING FOR. **ATTACH COPIES OF THE COURSE COMPLETION CERTIFICATES FOR EACH COURSE LOGGED BELOW.**

TOTAL HOURS REQUIRED: STATE LICENSE (L) – 158 HOURS; CERTIFIED RESIDENTIAL (R) – 200 HOURS; CERTIFIED GENERAL (G) – 300 HOURS

MODULES	HOURS REQUIRED	HOURS COMPLETED	PROVIDER NAME	COURSE TITLE	DATE COMPLETED	REQUIRED FOR
1. BASIC APPRAISAL PRINCIPLES	30					L, R & G
2. BASIC APPRAISAL PROCEDURES	30					L, R & G
3. VALUATION BIAS AND FAIR HOUSING RULES AND REGULATIONS	8					L, R & G
4. THE NATIONAL USPAP COURSE	15					L, R & G
5. RESIDENTIAL MARKET ANALYSIS AND HIGHEST & BEST USE	15					L & R
6. RESIDENTIAL APPRAISAL SITE VALUATION AND COST APPROACH	15					L & R
7. RESIDENTIAL SALES COMPARISON AND INCOME APPROACH	30					L & R
8. RESIDENTIAL REPORT WRITING AND CASE STUDIES	15					L & R
9. STATISTICS, MODELING AND FINANCE	15					R & G
10. ADVANCED RESIDENTIAL APPLICATION AND CASE STUDIES	15					R
11. GENERAL APPRAISER MARKET ANALYSIS AND HIGHEST & BEST USE	30					G
12. GENERAL APPRAISER SALES COMPARISON APPROACH	30					G
13. GENERAL APPRAISER SITE VALUATION AND COST APPROACH	30					G
14. GENERAL APPRAISER INCOME APPROACH	60					G
15. GENERAL APPRAISER REPORT WRITING AND CASE STUDIES	30					G
16. APPRAISAL SUBJECT MATTER ELECTIVES (MAY INCLUDE HOURS OVER THE MINIMUM REQUIREMENTS IN THE ABOVE MODULES OR IN MODULES NOT REQUIRED)	12					R
	22					G
SUPERVISOR/TRAINEE COURSE	MINIMUM 2 HOURS					P, L, R, & G

PAYMENT AUTHORIZATION FORM

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CARD PAYMENT INFORMATION

APPLICANT/LICENSEE NAME:		EMAIL ADDRESS FOR RECEIPT:	
Card Information			
Payment Type			
Visa	MasterCard	Discover	
Card Number			
Expiration Date			
		CVC	
Billing Information			
Street Address			
City	State	Zipcode	