

EXPERIENCE APPLICATION

This form is fillable

GENERAL INSTRUCTIONS

- Payment of the \$50 non-refundable application fee must be submitted with this application; complete attached payment authorization form OR mail application with check/money order
- The application should be typed or clearly printed in ink All questions must be answered; incomplete submissions will be rejected
- Submit completed application, Ad Valorem Tax experience (if applicable), Summary of Appraisal Experience and log sheets via email to kreab@ks.gov or by mail to: Kansas Real Estate Appraisal Board, Jayhawk Tower, 700 SW Jackson, Ste 804, Topeka, KS 66603

PART I - APPRAISER TYPE

Select the type of license/certification you are applying for below.

State Licensed

Certified Residential

Certified General

PART II – APPLICANT INFORMATION

A) DEMOGRAPHICS

- FULL NAME: _____
LAST _____ FIRST _____ MIDDLE INITIAL _____
List any other names you have been known by (including maiden name): _____
- *SOCIAL SECURITY NUMBER: _____ - _____ - _____
- DATE OF BIRTH: _____ MM/DD/YYYY
GENDER: FEMALE MALE

B) CONTACT INFORMATION

- RESIDENCE ADDRESS (Must be a street address): _____
CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____
EMAIL ADDRESS: _____ PHONE: _____
- MAILING ADDRESS (if different): _____
CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

C) BUSINESS INFORMATION

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

D) ADDITIONAL INFORMATION

- ARE YOU A MILITARY SERVICE MEMBER? NO YES
- 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
- DO YOU RESIDE OR INTEND TO RESIDE IN KANSAS DUE TO THE ASSIGNED MILITARY STATION? NO YES
- 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- SUMMARY OF APPRAISAL EXPERIENCE

APPLICANT NAME (print):

DATE SUBMITTED:

Enter total hours from Appraisal Experience Logs in the table below.

REAL PROPERTY APPRAISAL EXPERIENCE		AD VALOREM TAX EXPERIENCE		ALTERNATE EXPERIENCE	
YEAR	TOTAL HOURS	YEAR	TOTAL HOURS	YEAR	TOTAL HOURS
TOTAL:		TOTAL:		TOTAL:	

GENERAL CLASSIFICATION: If you are applying for the General Classification, enter the General Hours (NON-RESIDENTIAL) from the Appraisal Experience Log. **A minimum of 1,500 hours in the General category is required.**

REAL PROPERTY APPRAISAL EXPERIENCE	
YEAR	TOTAL HOURS
TOTAL:	

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

**AD Valorem & Alternate Experience limited to 25% of total hours*

APPLICANT STATEMENT & SIGNATURE

I hereby attest that the foregoing statements are true and correct to the best of my knowledge. I further certify that the information provided in the attached Appraisal Experience Log is true and correct.

DATE

APPLICANT SIGNATURE

State of _____)

ss

Notary Seal

County of

Subscribed and sworn to before me this _____ day of _____

My appointment expires:

Notary Signature



PAYMENT AUTHORIZATION FORM

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CARD PAYMENT INFORMATION

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