

Kansas Real Estate Appraisal Board

Jayhawk Tower 700 SW Jackson St, Ste 804 Topeka, KS 66603-3785

kreab@ks.gov (785-269-6736) www.kreab.ks.gov Fax: (785-368-6443)

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 INFORMA	TION				
A) DEMOGRAPHICS					
1. FULL NAME:					
LAST	FIRST		MIDDLE INITIAL		
List any other names you have been known by (including	g maiden namı	B):			
2. *SOCIAL SECURITY NUMBER: 3. DATE OF BIRTH:					
3. DATE OF BIRTH:		GENDER:	FEMALE	MALE	
B) CONTACT INFORMATION					
1. RESIDENCE ADDRESS (Must be a street address): CITY:					
CITY:	_ STATE:			_ COUNTY:	
EMAIL ADDRESS:		PHONE:			
2. MAILING ADDRESS (if different):					
2. MAILING ADDRESS (if different):	STATE:	ZIP CODE:		COUNTY:	
C) BUSINESS INFORMATION					
1. BUSINES NAME:					
1. BUSINES NAME: BUSINESS ADDRESS (Must be a street address): CITY: BUSINESS DUDNE					
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 MEMB			INNARABLE	DISCHARGE WHO	RESIDES OR
PLANS TO RESIDE IN KANSAS? NO		YES			
A V	1				
3. DO YOU RESIDE OR INTEND TO RESIDE IN KANSAS DU			ΤΙΠΝ?	NO	YES

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^{*}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 – AF	PPLICAN	HISTORY
<mark>lf any questions in this s</mark>	section are answer	ed YES, you must attach a detailed explanation and/or supporting documentation
A) LICENSE HISTORY		
	E YOU IN THE PAS	T, HELD AN APPRAISER'S LICENSE/CERTIFICATE (INCLUDING PROVISIONAL) IN THE STATE
OF KANSAS?		
NO '	YES <mark>if ye</mark>	<mark>S, provide the license/certification number</mark> :
2. DO YOU NOW, OR HAY	VE YOU IN THE PAS	T, BEEN LICENSED OR CERTIFIED AS AN APPRAISER IN ANY OTHER STATE?
		ALL states:
		DURSELF OUT AS BEING LICENSED OR CERTIFIED TO PRACTICE REAL ESTATE APPRAISAL IN LICENSED OR CERTIFIED TO DO SO?
		<mark>If YES, attach explanation.</mark> Or a professional or occupational license or certification denied in this or
4. HAVE YOU EVEN HAD ANY OTHER JURISDICTII		ON A FINDLESSIONAL ON OPPOPATIONAL FIGENSE ON PENTILIPATION DENIED IN 11119 ON
		If YES, attach order.
		ENSION OR ANY OTHER DISCIPLINARY ACTION TAKEN BY THE STATE OF KANSAS OR ANY
		APPRAISAL LICENSE OR CERTIFICATION HELD BY YOU OR IS ANY SUCH ACTION
CURRENTLY PENDING?	TILLATION TO AIT	און ואוטאב בוטבאטב טוג טבוגיוו וטאווטוג וובבט טו דטט טוג וט אונו טטטוו אטווטוג
	/ES	If YES, attach a copy of the complaint and any settlement agreement/order setting forth the outcome.
		TION FOR AN APPRAISAL LICENSE/CERTIFICATE IN KANSAS OR ANY OTHER STATE PENDING
APPROVAL OR DENIAL?		TOTAL THE TAXABLE PROCESSES OF THE PROPERTY OF
	ES I	f YES, list the state and license/certificate type applied for.
B) CRIMINAL/LITIGATI	ION HISTORY	
		CRIMINAL OFFENSE, FELONY OR MISDEMEANOR, OR ARE THERE ANY CHARGES PENDING
AGAINST YOU? <i>Note: A</i>		
		If YES, list the offense date, offense/pending charge, court, case number and attach copy of the
complaint/citation, judgeme		
2. has a civil judgme	NT BEEN ENTERED	AGAINST YOU OR A COMPANY OWNED IN WHOLE OR IN PART BY YOU, ON THE GROUNDS OF
		IR DECEIT IN THE MAKING OF ANY APPRAISAL OF REAL PROPERTY? [Ref. K.S.A. 58-
4118(a)(12)]		
NO Y	/ES	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

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APPLICANT NA	ME (print):		DATE SUBMITTED:				
Enter total hours	from Appraisal E	xperience	Logs in	the table below.			
	RTY APPRAISAL	<u> </u>		REM TAX	ALTE	ERNATE	
	RIENCE			IENCE		RIENCE	
YEAR	TOTAL HOURS	YEA	R	TOTAL HOURS	YEAR	TOTAL HOL	JRS
TOTAL:		TOTA	\L:		TOTAL:		
							
GENERAL CLASS	SIFICATION: If you a	are applying	for the G	eneral Classification,	enter the General F	lours (NON-	
				<mark>m of 1,500 hours in t</mark>			
REAL PRO	PERTY APPRAISA	L					
EXPERIENCE			TOTAL REAL PROPERTY APPRAISAL EXPERIENCE HOURS:				
YEAR	TOTAL HC	URS	TOTAL	AD VALOREM & ALTERI	NATE EXPERIENCE H	OURS <mark>*</mark> :	
					GRAND	TOTAL:	
			*AD V	alorem & Alternate Ex	perience limited to	25% of total hou	<mark>irs</mark>
TOTAL:							
IOIAL.							
ADDLICANT ST	ATEMENT & SIGN	ATLIDE					
			and corre	ct to the best of my kno	wledge. I further cen	tify that the inform	ation
	ched Appraisal Experi				Wioago. Frantifor ook	any that the inform	uu
		_					
DATE				APPLICANT SIG	NATURE		
State of	1						
State 01	<i>)</i>	ss.		Notar	v Seal		
County of	<i>)</i>)	33.		Notal	, 5541		
•		this	day of		,		
	expires:						
	•			Notary Sign			

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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

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