

#### 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)

## REGISTRATION FOR TEMPORARY PRACTICE

This form is fillable

### 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 fields must be completed; incomplete applications will be rejected
- Notary seal must be inked. P.O. Boxes cannot be used for residence or business addresses
- Submit the completed application and supporting documents via email to kreabaks.gov or by mail to:

Kansas Real Estate Appraisal Board, 700 SW Jackson St, Ste 804, Topeka KS 66603

PART I – APPLICANT INFORMATION	l .				
1. FULL NAME:					
LAST	FIRST	MIDDLE INITIAL			
2. *SOCIAL SECURITY NUMBER: *SSN is required pursuant to 42 U.S.C. 666, K.S.A. 74-148 an digits will be provided for the registry maintained by the Apprai	d K.S. A. 74-139 and may be used for child su	nnort enforcement nurnoses or prov	ided to the Kansas Director of Taxatio	n unon request. The last six	
digits will be provided for the registry maintained by the Apprai	isal Subcommittee of the Federal Financial In	stitutions Examination Council pursu		n apon roquosi. The rast six	
3. DATE OF BIRTH:	D/YYYY GENE	DER: <b>FEMALE</b>	MALE		
4. HAVE YOU EVER BEEN SUBJECT TO DISCIPLINARY ACTION OR HAD A COMPLAINT FILED AGAINST YOU IN THE STATE OF KANSAS? YES NO					
5. RESIDENCE ADDRESS					
		TY STATE	ZIPCODE		
EMAIL ADDRESS:		PHONE:			
<b>G</b> . Busines name:					
BUSINESS ADDRESS	CITY	STATE	7/000DF		
SIKEEI	CITY		ZIPCODE		
BUSINESS PHONE:	FAX:				
PART II - DESCRIPTION OF APPRA	ISAL ASSIGNMENT				
Provide description of assignment below. Must inclu	<mark>ide an address, cross-street OR legal</mark>	description. Attach a separat	e sheet if additional space is ne	<mark>eded</mark>	
PART III-APPLICANT STATEMENT 8	CICNATIIDE				
	and desire to register to recei	vo tomponony approinan liv	anning / antification privile	on in the state of	
Kansas. I agree to notify the Kansas Real Estat	and desire to register to recei e Annraisal Roard, in writino, whe	n the annraisal assinnment	:ensing/ceruncation privile; t is comoleted.	jes ili tile state ol	
			•		
I have read and agree to comply with all provis					
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 pro					
as if due or personal services has been made (				-	
APPLICANT SIGNATURE		DATE			
State of)					
1	SS.		NOTARY SEAL		
County of)					
Subscribed and sworn to before me on this	day of	, 20			
My appointment expires:					

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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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