

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 (*engagement letter, contract, etc.*) 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 – APPLICANT INFORMATION

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 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.

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

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 _____

STREET _____ CITY _____ STATE _____ ZIPCODE _____

EMAIL ADDRESS: _____ PHONE: _____

6. BUSINESS NAME: _____

BUSINESS ADDRESS _____

STREET _____ CITY _____ STATE _____ ZIPCODE _____

BUSINESS PHONE: _____ FAX: _____

PART II – DESCRIPTION OF APPRAISAL ASSIGNMENT

Provide description of assignment below. Must include an address, cross-street OR legal description. Attach a separate sheet if additional space is needed

PART III-APPLICANT STATEMENT & SIGNATURE

I am a legal resident of _____ and desire to register to receive temporary appraiser licensing/certification privileges in the state of Kansas. I agree to notify the Kansas Real Estate Appraisal Board, in writing, when the appraisal assignment is completed.

I have read and agree to comply with all provisions of the appraiser license laws and rules in the state of Kansas. I do hereby irrevocably consent that suits 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 processes on said administrator shall be taken and held in all courts in the state of Kansas, to be valid and binding as if due or personal services has been made upon me in the state of _____ (resident state).

APPLICANT SIGNATURE _____

DATE _____

State of _____)

) SS.

NOTARY SEAL

County of _____)

Subscribed and sworn to before me on this _____ day of _____, 20 _____. _____

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