

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 (engagement letter, contract, etc) via email to kreableks.gov or by mail to:

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

PART I - APPLICANT INFO	IRMATION						
1. FULL NAME:	-	FIRST	MIDDLE INITIAL				
	ı	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	d may be used for child suppor	t enforcement purposes or provid	ed to the Kansas Director of Taxati	ion upon request. The last six		
digits will be provided for the registry maintain	ed by the Appraisal Subcommittee	of the Federal Financial Institu	tions Examination Council pursua	nt to federal law. MALE			
3. DATE OF BIRTH:	MM/DD/YYYY	GENDER	: FEMALE	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							
		CITY	STATE	ZIPCODE			
EMAIL ADDRESS:			PHONE:				
6. Busines name:							
BUSINESS ADDRESS		СІТУ	STATE	7/00005			
DITOTAL DITOTAL		GIIY		ZIPCODE			
BUSINESS PHONE:		FAX:					
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.		N	OTARY SEAL			
County of)	•	00				
Subscribed and sworn to before n My appointment expires:	ne on this day of	<u> </u>	, ZU 				
		Notary Signati	ure				

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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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