APPLICATION FOR REAL ESTATE APPRAISER TRAINEE State Form 54998 (R6 / 9-17) REAL ESTATE APPRAISER LICENSURE AND CERTIFICATION BOARD PROFESSIONAL LICENSING AGENCY 402 West Washington Street, Room W072 Indianapolis, Indiana 46204-2724 Telephone: (317) 234-3009 E-mail: pla9@pla.IN.gov Website: www.pla.IN.gov

INSTRUCTIONS:

1.	The fee for	this application	on is \$100.0	)0, payabl	e to the	Indiana	Professiona	al Licensing	Agency	, in accordai	nce with 876 IAC	3-2-7.

- 2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
- 3. All fees are non-refundable and non-transferable.
- 4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.

\* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it. \*\* This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY								
Application fee	Date fee paid (month, day, ye	ear)	Receipt number					
License number issued		Date license issued (month,	day, year)					
DO NOT WRITE ABOVE THIS LINE								
APPLICANT INFORMATION								
Name of applicant ( <i>last, first, middle</i> )			Social Security numb	per *				
Date of birth ( <i>month, day, year</i> )	Place of birth (city and state	or country)						
Address of applicant (number and street or rural route)		City, state, and ZIP code						
Telephone number ( <i>daytime</i> )	E-mail address							
Gender **	Ethnicity **		Race **					
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the	Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: ( <i>Please select one of the following.</i> )							
Are you the spouse of a member of the military who is assig	gned to a duty station in Indian		No					
	SUPERVISING APPR	AISER INFORMATION						
SECTION A. If no supervisor is listed, the license v	vill be issued in an inactive	status.						
Name of supervising appraiser (last, first, middle)       Certificate number of supervising appraiser								
Business address (number and street or rural route, city, state, and ZIP code)								
SECTION B. Pursuant to 876 IAC 3-6-9, as a supervising appraiser you are required to complete a Board-approved supervising appraiser course. Please select one of the options below. (Must be completed by the supervising appraiser.)								
I have completed a supervising appraiser course and attached a copy of the certificate of completion to this application.								
I have not completed a supervising appraiser course and I understand that I have six (6) months from the date this application is approved to complete the course. If I have not provided the Board with proof of completion of the supervising appraiser course at that time, I will be removed as supervisor of this applicant.								
Signature of supervising appraiser				Date (month, day, year)				
	APPLICAN	IT HISTORY		•				
If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.								
1. Have you ever been denied a real estate appra (If Yes, provide a copy of the license denial.)	aiser license or certificate b	by this or any other state?		🗌 Yes 🗌 No				
2. Have you had a real estate appraiser license or certificate suspended or revoked by any state? (If Yes, provide a copy of the licensing board order.)								
<ul> <li>3. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,</li> <li>(1) have you ever been arrested;</li> <li>(2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor,</li> <li>Yes No</li> <li>No</li> <li>or felony in any state;</li> </ul>								
<ul> <li>(3) have you ever been convicted of any offen</li> <li>(4) have you ever pled guilty to any offense, n</li> <li>(5) have you ever pled <i>nolo contendre</i> to any</li> </ul>	nisdemeanor, or felony in a	iny state; or		☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No				

List below all appraisal courses that have been completed that consist of at least fifteen (15) classroom hours. The courses for qualifying credit must be Appraiser Qualifications Board (AQB) approved. (Attach a separate sheet of paper if necessary, using the below format. Staple to this application and mark addendum.)

TITLE OF COURSE	PROVIDER OF COURSE / NAME OF SCHOOL	NUMBER OF HOURS	MONTH / YEAR COMPLETED
TOTAL HOURS			

## APPLICANT AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete, and correct.

Signature of applicant

Date signed (month, day, year)

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request, and direct any person, firm, officer, corporation, association, organization, or institution to release to the Indiana Professional Licensing Agency, or the Real Estate Appraiser Licensure and Certification Board, any files, documents, records, or other information pertaining to the undersigned requested by the Agency, or the Board, or any of their authorized representatives, in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Indiana Professional Licensing Agency, or the Real Estate Appraiser Licensure and Certification Board, to disclose to the aforementioned persons, firms, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Indiana Professional Licensing Agency and the Board from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

## APPLICANT AFFIRMATION

Signature of applicant

Date signed (month, day, year)