

# APPRAISER CONTINUING EDUCATION COURSE APPROVAL RENEWAL APPLICATION

**PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.**

- The non-refundable fee of \$25 must accompany this original, signed application (photocopies will not be accepted). Fees may be paid by check or money order (made payable to the Department of State) or by MasterCard or Visa, using the enclosed credit card authorization form. Do not send cash.
- A non-refundable fee of \$25 must be submitted for each additional location.
- Attach a list of all out of state locations. No fee required.
- Annual registration period runs from January 1st to December 31st.
- All instructors must be approved.
- No classes may begin until final approval is granted.

**PLEASE INDICATE THE COURSE CODE NUMBER, HOURS AND TITLE.** Code #: \_\_\_\_\_ Course hours: \_\_\_\_\_

TITLE: \_\_\_\_\_  
SCHOOL NAME \_\_\_\_\_

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

E-MAIL ADDRESS (IF ANY) \_\_\_\_\_

PRIMARY LOCATION (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

SECONDARY LOCATION #1 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

SECONDARY LOCATION #2 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

SECONDARY LOCATION #3 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

1. Is any change being made or is any change contemplated in the presentation of this course in the forthcoming year relative to study material or procedures for taking attendance?

[ ] Yes\* [ ] No **If Yes\*, attach explanation of change**

2. Indicate names and signatures of persons authorized to sign course completion certificates. (Cannot be real estate appraiser.)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

I affirm that in accordance with standards set forth in regulation and federal guidelines, all National USPAP courses offered by my school will be taught by an instructor who has been certified as a "Certified USPAP instructor" by the Appraisal Qualifications Board of the Appraisal Foundation and who, in addition, is either a certified residential real estate appraiser or a certified general real estate appraiser.

\_\_\_\_\_  
SIGNATURE OF COORDINATOR

\_\_\_\_\_  
DATE

( )  
BUSINESS PHONE NUMBER

\_\_\_\_\_  
E-MAIL ADDRESS (if any)

FOR OFFICE USE ONLY EFFECTIVE DATE: \_\_\_/\_\_\_/\_\_\_ EXPIRATION DATE: \_\_\_/\_\_\_/\_\_\_ ENTERED: \_\_\_/\_\_\_/\_\_\_ BY: \_\_\_\_\_ LABEL [ ]  
FEE RECEIVED: \_\_\_\_\_ TO REVENUE: \_\_\_/\_\_\_/\_\_\_ APPROVAL MAILED: \_\_\_/\_\_\_/\_\_\_ RECEIPT #: \_\_\_\_\_

**A fee of \$20 fee will be charged for any check returned by a bank for insufficient funds.**