



APPLICATION FOR REAL ESTATE APPRAISER CERTIFICATION

State Form 45016 (R18 / 8-21)

REAL ESTATE APPRAISER LICENSURE & CERTIFICATION BOARD
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-3022
E-mail: pla10@pla.IN.gov
www.pla.IN.gov

INSTRUCTIONS:

1. The fee for this application is \$100.00 if applying by Examination or Reciprocity, or \$25.00 if applying by Upgrade from Trainee, payable to the Indiana Professional Licensing Agency, in accordance 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, year)	Receipt number
Certificate number issued	Date license issued (month, day, year)	

DO NOT WRITE ABOVE THIS LINE

BASIS FOR LICENSURE

License Type: <input type="checkbox"/> Certified General Appraiser <input type="checkbox"/> Certified Residential Appraiser	Obtained by Method: <input type="checkbox"/> Upgrade from Trainee <input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity
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IF APPLYING VIA RECIPROCITY, PLEASE ENTER THE BELOW INFORMATION:

STATE OF LICENSURE	TYPE OF LICENSE HELD	LICENSE NUMBER	HOW MANY YEARS HAVE YOU HELD THIS LICENSE?

APPLICANT INFORMATION

Name of applicant (last, first, middle, maiden)		Social Security Number *
Date of birth (month, day, year)		
Address of applicant (number and street or rural route)		City, state, and ZIP code
Telephone number (daytime) ()	E-mail address (required)	
Gender ** <input type="checkbox"/> Male <input type="checkbox"/> Female		
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641). <input type="checkbox"/> I am authorized by the federal government to work in the United States.		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATIONAL REQUIREMENTS (Per IC 25-34.1-3-8)

Certified Residential: You must have 200 hours of pre-licensing education. In addition, you must also have a Bachelors Degree or higher.
Please submit an official transcript with your application.

Certified General: You must have 300 hours of pre-licensing education. In addition, you must have a Bachelors Degree or higher.
Please submit an official transcript with your application.

PRE-LICENSING EDUCATION

Please list your pre-licensing education. Attach a separate sheet of paper if additional space is needed. Mark additional sheet as "Addendum" and staple to this application. Acceptable education must be obtained from an approved provider.

COURSE TITLE	SPONSOR	NUMBER OF HOURS	MONTH / YEAR COMPLETED
TOTAL HOURS: Certified Residential must have 200 hours of pre-licensing education. Certified General must have 300 hours of pre-licensing education.			

PROFESSIONAL LICENSES HELD IN INDIANA AND OTHER STATES

Do you currently hold or have you ever held a professional license or certification in Indiana or another state? ☐ Yes ☐ No
(If yes, list all states below, including Indiana, in which you have held license / certification / registration / permit to practice any state regulated profession.)

TYPE OF LICENSE / CERTIFICATE/ REGISTRATION / PERMIT	STATE	LICENSE NUMBER	DATE ISSUED (month, day, year)	STATUS

QUESTIONS

If your answer is "Yes" to any of the following, explain fully in a signed written statement, 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.

- Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,
 - have you ever been arrested; ☐ Yes ☐ No
 - have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; ☐ Yes ☐ No
 - have you ever been convicted of any offense, misdemeanor, or felony in any state; ☐ Yes ☐ No
 - have you ever pled guilty to any offense, misdemeanor, or felony in any state; or ☐ Yes ☐ No
 - have you ever pled *nolo contendere* to any offense, misdemeanor, or felony in any state? ☐ Yes ☐ No
- Have you ever been denied a license, certification, registration, or permit to practice real estate, appraising, or any other profession in this or any other state? ☐ Yes ☐ No
- Has any complaint been filed against you in the State of Indiana, or in any other state, regarding any professional license you currently hold or have previously held or have you practiced real estate or appraising without a license? ☐ Yes ☐ No
- Has disciplinary action ever been taken against you regarding any professional license, certification, registration, or permit that you currently hold or have held? ☐ Yes ☐ No

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency or any of its 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 information.

I further authorize the Professional Licensing agency to disclose to the aforementioned persons, firms, officers, corporations, association, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency 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.

I affirm, under penalties for perjury, that the foregoing representations are true.

Signature of applicant

Date signed (*month, day, year*)

EXAMINATION APPLICANTS ONLY:

EXPERIENCE SUMMARY										
Please summarize your experience as documented in your appraisal log in the chart below.										
WORK PERFORMED	APPRAISAL PERFORMED BY YOU			DOCUMENTARY REVIEW						Total Hours
				WITH FIELD INSPECTION AND SEPARATE REPORT			WITHOUT FIELD INSPECTION AND SEPARATE REPORT			
	I			II			III			
		Hours			Hours			Hours		
Residential (Forms)										
Residential (Right-of-way)										
Other (Submit Documentation)										
TOTAL RESIDENTIAL										
General (Land, Multifamily)										
General (Multifamily 13+, Proposed Commercial, Industrial)										
General (Right-of-way)										
Other (Submit Documentation)										
TOTAL GENERAL										
TOTAL RESIDENTIAL AND GENERAL										

APPRAISAL LOG								
DATE OF APPRAISAL <i>(month, day, year)</i>	NAME OF CLIENT	PROPERTY ADDRESS STREET AND CITY	WORK PERFORMED BY THE TRAINEE / APPLICANT	SCOPE OF REVIEW BY THE SUPERVISING APPRaiser	WORK PERFORMED I, II OR III <i>(From summary page)</i>	PROPERTY TYPE OR RESIDENTIAL FORM	REPORT TYPE	ACTUAL NUMBER OF HOURS SPENT
01/01/2015	ABC BANK	1234 Main St. Smallburg	Inspection, Appraisal and Report	Inspect subject and review report	I	Residential Form 1004	Appraisal Report	5.5
Signature of appraiser			Printed name of appraiser			License number		
Signature of supervisor			Printed name of supervisor			License number		