## CERTIFICATE OF HONESTY, TRUTHFULNESS, FAIRNESS AND FINANCIAL INTEGRITY - REAL ESTATE APPRAISER

Access th	nis form via website at: <b>hawaii.gov/dcca/pvl</b>					
with the applicant relating to the applicant's appraisal experience		Applicant: Complete information in this block only Indicate type of license/certificate applying for: State Licensed Appraiser				
The person named as applicant has applied for licensure or certification as a Real Estate Appraiser in the State of Hawaii. We will appreciate your fair and honest assessment as requested below.		State	State Certified Residential Appraiser			
			State Certified General Appraiser			
		Applicant Name (		(LAST)		
	complete the following form and return it to the applicant nittal to the Department of Commerce & Consumer Affairs.					
	w well do you know the applicant? (check box)		WELL		<b>NOT AT ALL</b>	
	ngth of acquaintance?		yearsmonths			
	ntacts with this person were through what kind of ivity? (check box)	Associate Work	Associate Worker Professional Society			
lf t	hrough other kind of activity, indicate activity:	Lender (Financ	Lender (Financial Institution)			
				Social or	Community Activities	
	re your opinion of applicant's REPUTATION FOR HONESTY, JTHFULNESS, FAIRNESS AND FINANCIAL INTEGRITY					
	you have knowledge of the applicant's appraisal perience?					
	licate your opinion of the quality of appraisal formance. (check box)	🗌 HIGH GRADE 🔄 AVERAGE 🔄 MEDIOCRE				
			TORY	<b>NO OPINION</b>		
4) Ha	s applicant to your knowledge, ever been guilty of:					
a)	a) Fraud or dishonesty? YES NO					
b)	Unprofessional conduct?	YES NC	NO			
c)	Practicing under an assumed name?	YES NC	)			
Subscribed and sworn to before me this						
Notary Signature:				Signature		
Notary Public, State of:		_		Print Name		
My commission expires:		-				
Print Name:		_	En	ployer-Position		
			Date		Phone No.	
Doc. Date: No. of Pages:		-				
Notary Name: Circuit Court:						
Doc. Description						
Notary Signature: Date				ble for individuals with er at (808) 586-3000 to	n special needs. Please submit your request.	