

APPLICATION FOR REGISTRATION - APPRAISER TRAINEE	FOR OFFICE USE ONLY	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Initials/Date:
Access this form via website at: cca.hawaii.gov/pvl		Date Registered	Reg. No.

Instructions for Filing

1) Complete the on-line fillable application or print *legibly* in dark ink. **Answer all questions.** No application will be considered until all questions are completed. Sign and date application form.

2) Have the Supervisor complete section 2.

3) Pay fees: For registration issued in first year of biennium (**Even-numbered** years) pay \$85 (non-refundable Application fee - \$25 + Registration fee - \$20 + Renewal fee - \$40). For registration issued in second year of the biennium (**Odd-numbered** years) pay \$65 (non-refundable Application fee - \$25 + Registration fee - \$20 + Renewal fee - \$20)

Make check payable to: COMMERCE & CONSUMER AFFAIRS (check must be in U.S. dollars and be from a U.S. financial institution).
NOTE: A \$25 service charge shall be assessed for payments dishonored for any reason.

4) Mail to: Deliver to office location:
 Real Estate Appraiser Program 335 Merchant Street, Room 301
 DCCA, PVL, Licensing Branch Honolulu, HI 96813
 P.O. Box 3469 OR
 Honolulu, HI 96801 Phone No.: (808) 586-3000

SECTION 1 (To be completed by applicant)		
Legal Name (First, Middle)	(Last)	
Other Names Used (Include maiden name):	Social Security No.	Phone No. (Days)
Residence Address (Include Apt. no., City, State & Zip Code)	Mailing Address (ONLY if different from residence)	

Check appropriate answers. If response is "YES" to questions 3, 4, 5, 6, and/or 7, refer to the instructions for additional documents that must be submitted with this application.

- | | | |
|---|------------------------------|-----------------------------|
| 1) Are you at least 18 years of age? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Have you ever had any license suspended, revoked, or otherwise subject to disciplinary action? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Have you been employed by any business whose license was suspended, revoked, or otherwise subject to disciplinary action? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Are you now under investigation or are there any disciplinary proceedings or actions taken or pending against you by any jurisdiction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6) Have you ever had or are there any pending lawsuits, tax liens, or any other type of judgment or lien against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7) Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

List courses completed (Minimum Requirements: 15-hour National USPAP Course, 30-hour Basic Appraisal Principles, 30-hour Basic Appraisal Procedures; and a Supervisor/Trainee Course. **Attach the required documentation (official transcripts/copies of signed certificates of completion).**

Category	Course Title	Date	Hrs.	Course Provider
15-hr. National USPAP Course				
30-hr. Basic Appraisal Principles				
30-hr. Basic Appraisal Procedures				
Supervisor/Trainee Course				

(CONTINUED ON PAGE 2)

App.....	691.....	\$25
Reg	692.....	\$20
Ren	690.....	\$40/\$20
Service Charge	BCF.....	\$25

APPLICATION FOR APPRAISER TRAINEE REGISTRATION

Print Name of Applicant: _____ Date: _____

List all Supervising Appraisers (must be certified for 3 years in Hawaii, in good standing, and had no disciplinary action for last 3 years that affected ability to practice). (Attach additional sheet if necessary).

SECTION 2 (To be completed by Supervisor)

Supervisor: _____ License No.: _____
 Address: _____
 Phone: _____ Fax: _____
 Date supervision started: _____ Date ended: _____
 Signature: _____ Date: _____
 Date of completion of Supervisor/Trainee Course. (attach copy of completion certificate). Date: _____

Supervisor: _____ License No.: _____
 Address: _____
 Phone: _____ Fax: _____
 Date supervision started: _____ Date ended: _____
 Signature: _____ Date: _____
 Date of completion of Supervisor/Trainee Course. (attach copy of completion certificate). Date: _____

Affidavit of Applicant:

I certify that the statements, answers and representations made in this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license or certificate and is a misdemeanor (Sections 710-1017 and 436B-19, Hawaii Revised Statutes and Section 16-114-49, Hawaii Administrative Rules).

I also appoint the Director of the Department of Commerce and Consumer Affairs to act as my agent upon whom all judicial and other process or legal notices directed to me may be served. Service upon the Director shall have the same force and validity as if personally served upon me, and the Director's authority shall remain in force as long as the liability remains outstanding.

Signature of Applicant Date

RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

Release of Information to Third Party:

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print Name of Individual who is assisting you: _____

Name of Organization: _____

Signature of Applicant Date