

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.



New Jersey Office of the Attorney General
Division of Consumer Affairs
State Real Estate Appraiser Board
124 Halsey Street, 3rd Floor, P.O. Box 45032
Newark, New Jersey 07101
(973) 504-6480

For Office Use Only

Date received
Fee Educ.
App. educ. U.S.P.A.P.
Char. Exp.
Date approved

Application for Licensure or Certification as a Real Estate Appraiser

Date:

Nonrefundable application fee (check or money order)

Table with 2 columns: Fee Type, Amount. Includes Licensed Residential (\$75), Certified Residential (\$100), and Certified General (\$125).

A nonrefundable application filing fee (see fee list to the right), in the form of a check or money order made out to the State of New Jersey, must be submitted with this application.

The Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record."

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

1. Name: Mr. Mrs. Ms. Last name First name Middle initial Maiden name

2. Address: Home: Street or P.O. Box City State ZIP code County Telephone number (include area code) E-mail address

Business or Employer: Name of company or employer Telephone number (include area code) Street City State ZIP code County

Mailing: Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** disclose your Social Security number to the Board or Committee. Failure to do so may result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- U.S. citizen
- Alien lawfully admitted for permanent residence in U.S.
- Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? Yes No

If “Yes,” you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? Yes No
 - (1) If “Yes,” are you in arrears in payment of said obligation? Yes No
 - (2) If “Yes,” does the arrearage match or exceed the total amount payable for the past six months? Yes No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? Yes No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? Yes No
- d. Are you the subject of a child-support-related arrest warrant? Yes No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of “Yes” to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

7. Medical Conditions Questions

Questions 18 through 23 pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

“Ability to practice as a real estate appraiser” is to be construed to include all of the following:

- The cognitive capacity to exercise the reasonable judgments of a real estate appraiser and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a real estate appraiser, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

“Chemical substance” is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? Yes No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? Yes No Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? Yes No Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? Yes No Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? Yes No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) Yes No

If you answered “Yes” to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? Yes No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board or Committee will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

Signature of applicant

Date

8. Have you ever changed your name? Yes No
 If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.

9. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) Yes No

10. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. Yes No
 If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

11. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
 If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

	Last name	First name	Middle initial
_____	_____	_____	_____
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit	Date issued/expired
_____	_____	_____	_____
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit	Date issued/expired
_____	_____	_____	_____
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit	Date issued/expired
_____	_____	_____	_____
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit	Date issued/expired

12. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

13. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

14. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

15. Have you ever been named as a defendant in any litigation related to the practice of real estate appraisal or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

16. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

17. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

18. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of real estate appraisal or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If the answer to any of the above questions, numbers 12 through 18, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Type of certification/licensure for which you are applying (check one):

Type	Experience	Education
<input type="checkbox"/> Certification as a General Real Estate Appraiser	3,000 hours	180 classroom hours
<input type="checkbox"/> Certification as a Residential Real Estate Appraiser	2,500 hours	120 classroom hours
<input type="checkbox"/> Licensed Residential Real Estate Appraiser	2,000 hours	90 classroom hours

High School Education

I was graduated from _____
School name

_____ in _____, _____
City and State Month Year

Undergraduate Education

List in chronological order any college, university or institution of higher learning that you have attended.

Months and Years	Name of institution	Degree (if any)
____ / ____ to ____ / ____	_____	_____
____ / ____ to ____ / ____	_____	_____
____ / ____ to ____ / ____	_____	_____
____ / ____ to ____ / ____	_____	_____

Postgraduate Education

List in chronological order any college, university or institution of higher learning that you have attended.

Months and Years	Name of institution	Degree (if any)
____ / ____ to ____ / ____	_____	_____
____ / ____ to ____ / ____	_____	_____
____ / ____ to ____ / ____	_____	_____
____ / ____ to ____ / ____	_____	_____

Uniform Standards of Professional Appraisal Practice Course (U.S.P.A.P.)

The approved U.S.P.A.P. course must be completed within 54 months prior to the filing of the application. List the course here and under "Appraisal Education" on the next page. (Please attach any supporting documentation.)

Course title	Provider or course sponsor	Date completed	Course hours	Classroom hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Appraisal Education

List all of the appraisal qualifying education courses that you have successfully completed which consisted of at least 15 classroom hours and included an examination. Attach any supporting documentation. Courses will not be considered without proper documentation. (Use additional sheets of paper if necessary.)

Course title	Provider or course sponsor	Date completed	Course hours	Classroom hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Appraisal Experience

You must verify the required experience for the following:

- Certification as a General Real Estate Appraiser** - 3,000 hours obtained in no less than the previous 30 months.
- Certification as a Residential Real Estate Appraiser** - 2,500 hours in no less than the previous 24 months.
- Licensed Residential Real Estate Appraiser** - 2,000 hours in no less than the previous 24 months.

Employer	Position held	Contact person
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Street address	City	State	ZIP code	Telephone number (include area code)
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Time period in months and years	Number of reports	Type of property	Description of work assignment	Number of hours claimed
____/____ to ____/____	_____	_____	_____	_____
____/____ to ____/____	_____	_____	_____	_____
____/____ to ____/____	_____	_____	_____	_____
____/____ to ____/____	_____	_____	_____	_____

Employer	Position held			Contact person
Street address	City	State	ZIP code	Telephone number (include area code)

Time period in months and years	Number of reports	Type of property	Description of work assignment	Number of hours claimed
____/____ to ____/____	_____	_____	_____	_____
____/____ to ____/____	_____	_____	_____	_____
____/____ to ____/____	_____	_____	_____	_____
____/____ to ____/____	_____	_____	_____	_____

Employer	Position held			Contact person
Street address	City	State	ZIP code	Telephone number (include area code)

Time period in months and years	Number of reports	Type of property	Description of work assignment	Number of hours claimed
____/____ to ____/____	_____	_____	_____	_____
____/____ to ____/____	_____	_____	_____	_____
____/____ to ____/____	_____	_____	_____	_____
____/____ to ____/____	_____	_____	_____	_____

Employer	Position held			Contact person
Street address	City	State	ZIP code	Telephone number (include area code)

Time period in months and years	Number of reports	Type of property	Description of work assignment	Number of hours claimed
____/____ to ____/____	_____	_____	_____	_____
____/____ to ____/____	_____	_____	_____	_____
____/____ to ____/____	_____	_____	_____	_____
____/____ to ____/____	_____	_____	_____	_____

Employment

Are you presently employed? Yes No

Please provide the name and address of all of your employers over the last five years, listing your present employer first. (Attach additional sheets of paper if necessary.)

Name of company			Position	
Street address	City	State	ZIP code	Telephone number (include area code)
Duties			From (Month/Year)	To (Month/Year)
Name of company			Position	
Street address	City	State	ZIP code	Telephone number (include area code)
Duties			From (Month/Year)	To (Month/Year)
Name of company			Position	
Street address	City	State	ZIP code	Telephone number (include area code)
Duties			From (Month/Year)	To (Month/Year)
Name of company			Position	
Street address	City	State	ZIP code	Telephone number (include area code)
Duties			From (Month/Year)	To (Month/Year)
Name of company			Position	
Street address	City	State	ZIP code	Telephone number (include area code)
Duties			From (Month/Year)	To (Month/Year)

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

I, _____, in making this application to the State Real Estate Appraiser Board for real estate appraiser licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Real Estate Appraiser Board, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:14F-1 et seq., together with the Rules and Regulations of the State Real Estate Appraiser Board, N.J.A.C. 13:40A-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public



Official Use Only

Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number



New Jersey Office of the Attorney General

Division of Consumer Affairs

State Real Estate Appraiser Board

P.O. Box 45032

Newark, New Jersey 07101

(973) 504-6480

Official Use Only

Resubmit

Board or Committee

**CERTIFICATION AND AUTHORIZATION FORM
FOR A CRIMINAL HISTORY BACKGROUND CHECK**

Directions: Answer all of the questions on this form.

1. Name Mr. _____ (_____)
 Mrs. _____ Last First Middle Maiden Name
 Ms.

2. Address _____
Street or P.O. Box City State ZIP code

3. Date of birth ____/____/____ Sex: Male Female
Month Day Year

4. Social Security number _____/_____/_____

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? Yes No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history background process. Please send no payment now.

If "Yes," please provide the following information and follow the instructions outlined below:

Board or committee requiring the fingerprinting

Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs**, you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. The fee for this background check will be \$28.25. Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) Yes No

Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➡

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date