



ARIZONA DEPARTMENT OF FINANCIAL INSTITUTIONS

Robert D. Charlton
Superintendent

Douglas A. Ducey
Governor

APPLICATION FOR ALL APPRAISER CREDENTIALS

1. **SELECT APPLICATION TYPE**

Fees (payment types on page 2) and Click on [\[links\]](#) for **requirements and documents** to be submitted with application.

<input type="checkbox"/>	Renewal [Renewal Requirements]
→	AZ License/Certificate number# _____ Current expiration date: _____ \$505 Total Fees (\$425 application and \$80 National Registry) Delinquent fee of \$25 if received after the due date set out in the applicant's renewal notice.
<input type="checkbox"/>	Trainee Appraiser \$300 Application Fee [Trainee Appraiser Registration Requirements]
<input type="checkbox"/>	Initial Application \$400 Application Fee [Licensed Residential] [Certified Residential] [Certified General]
→	✓ Check Classification: <input type="checkbox"/> Licensed Residential <input type="checkbox"/> Certified Residential <input type="checkbox"/> Certified General For Upgrading: Current AZ License/Certificate or Registration# _____ Current expiration date: _____
<input type="checkbox"/>	By Reciprocity \$480 Application Fees (\$400 application and \$80 National Registry) [Reciprocity Requirements]
→	✓ Check Classification: <input type="checkbox"/> Licensed Residential <input type="checkbox"/> Certified Residential <input type="checkbox"/> Certified General Reciprocal State: _____ License/Certificate number# _____
<input type="checkbox"/>	Nonresident Temporary \$150 Application Fee [Nonresident Temporary Requirements]
→	✓ Check Classification: <input type="checkbox"/> Licensed Residential <input type="checkbox"/> Certified Residential <input type="checkbox"/> Certified General Licensing/Certified State: _____ License/Certificate number# _____

2. **BACKGROUND CHECK** [\[R4-46-202 A4 & B4\]](#) Fingerprint Clearance Card / Application status:

DPS Application Number: _____ OR Issued Level One Clearance Card: _____

3. **CONTACT INFORMATION** Contact information will be posted on the Department's website. Correspondence will be via email or mail.

AZ Lic/Cert or Registration number# _____ Current expiration date: _____

Legal name of applicant Mr. Ms. _____
(Last) (First) (Middle)

Mailing street address _____

City _____ County _____ State _____ Zip _____

Daytime telephone#_(_____) _____ Fax #_(_____) _____

E-Mail address _____

4. **PLACE OF BUSINESS** Company name, name of owner or supervisory appraiser and address.

Current employer: _____ Address: _____

ACCEPTED PAYMENT TYPES:

- a. Cashier's check, certified check or money order payable to the Department of Financial Institutions. Personal or business checks WILL NOT be accepted. Fees are nonrefundable.
- b. Payment by VISA credit card or Master Card. (Accepting only Visa and Master Card)
 - 1) In order to use this type of payment, you must first submit your application to the Department of Financial Institutions (Department) via email, mail or in person.
 - 2) For your security do not mail or email in your credit card information.
 - 3) If your application is submitted via email or mail, you will receive a confirmation email with instructions on how to make a payment by phone.

5. NONRESIDENT TEMPORARY ONLY

I acknowledge that by applying for this type of license, my business in the State of Arizona is of a temporary nature and shall not exceed one year from date of issuance. _____

(Initials)

Identify and give the address(es) or location(s) of the property(ies) you intend to appraise within Arizona. A separate license/ certificate is required for each appraisal assignment. A single appraisal assignment may include one or more properties under one engagement for a single client:

6. A.R.S. §25-502(K) REQUIRES PROFESSIONAL LICENSING AGENCIES TO COLLECT SOCIAL SECURITY NUMBERS OF APPLICANTS TO AID THE DEPARTMENT OF ECONOMIC SECURITY IN LOCATING PARENTS OR THEIR ASSETS OR TO ENFORCE CHILD SUPPORT ORDERS. PLEASE PROVIDE YOUR SOCIAL SECURITY NUMBER FOR COMPLIANCE WITH THIS STATUTE. IN THE EVENT THAT A CERTIFICATE IS ISSUED, THE CERTIFICATE NUMBER WILL NOT BE THE SOCIAL SECURITY NUMBER. HOWEVER, THE SOCIAL SECURITY NUMBER WILL BE KEPT ON FILE.

Social Security Number: _____

Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Place of Birth: _____

Permanent Resident Address: _____

City _____ County _____ State _____ Zip _____

7. **✓ ANSWER FOR EACH QUESTION BELOW**

For those that currently hold an appraisal credential, you need not disclose previously reported actions. The answers below reflect what has happened since your last application was filed.

<u>YES</u>	<u>NO</u>		
<input type="checkbox"/>	<input type="checkbox"/>	1)	Have you ever been charged with, convicted of or pled nolo contendere (no contest) to a criminal offense, other than a minor traffic violation (please note DUI's and/or being placed on probation), in this or any other jurisdiction (i.e. locality)? You must answer "YES" even if you received a pardon, the conviction was set aside, the records were expunged, your civil rights were restored, and whether or not a sentence was imposed or suspended.
<input type="checkbox"/>	<input type="checkbox"/>	2)	Have you ever been or are you currently a defendant in any type of civil or criminal action involving fraud, misrepresentation, or deceit in this or any other jurisdiction (i.e. locality)?
<input type="checkbox"/>	<input type="checkbox"/>	3)	Have you ever been or are you currently a defendant in any type of civil or criminal action involving appraisal(s) or appraisal services?
<input type="checkbox"/>	<input type="checkbox"/>	4)	Have you ever been denied a license, registration, certification or permit to practice any regulated profession, occupation or vocation, or have you withdrawn an application for such a license, registration, certification or permit in this or any other jurisdiction (i.e. locality)? If so, provide a copy of the letter or order stating the reasons for the denial.
<input type="checkbox"/>	<input type="checkbox"/>	5)	Have you ever been or are you currently the subject of any complaint, investigation or disciplinary action, including revocation, annulment, suspension or probation, against a license, certificate, registration, or membership, by any state regulatory agency, or any professional or occupational credentialing authority in this or any other jurisdiction (i.e. locality)? You must identify all complaints ever filed against you, pending or complete, including those filed with this Department. Even if a complaint against you was dismissed, you must answer "YES" and include an explanation.
<input type="checkbox"/>	<input type="checkbox"/>	6)	Have you ever voluntarily withdrawn, surrendered, allowed to lapse, canceled or resigned a license, certificate, registration or membership in lieu of disciplinary proceedings or sanctions of any kind by any state regulatory agency, or any professional or occupational credentialing authority in this or any other jurisdiction (i.e. locality)?
<input type="checkbox"/>	<input type="checkbox"/>	7)	Have you, after August 28, 1991, attempted to do business or held yourself out as being entitled to do business as an appraiser in this state, without then being the holder of a valid, current Arizona certificate or license authorizing you to do so?
<input type="checkbox"/>	<input type="checkbox"/>	8)	Have you ever used, been known as or called by another name or alias other than the name signed to this application? If Yes, List names you have used, been known as or called by (maiden name, marriage names or alias other than the name signed to this application):

8. VERIFICATION BY OATH OR AFFIRMATION

I have read the questions in the foregoing application and have answered them completely and truthfully to the best of my knowledge. I know of no reason why this application should not be granted and further extend this verification to cover all amendments and attachments to this application or further statements to the Department in response to inquiries concerning my qualifications as an applicant for state licensed appraiser or state certified appraiser.

I agree to sign any release documentation deemed necessary by the Department to investigate, confirm or verify the information contained in this application.

I have read, understand, and pledge that I will comply with Chapter 36, Title 32, A.R.S. and the Rules of the Department of Financial Institutions.

I pledge to comply with the Uniform Standards of Professional Appraisal Practice, and understand the types of misconduct for which disciplinary proceedings may be initiated against state certified appraisers.

I certify under penalty of perjury, under the laws of the State of Arizona, that the foregoing answers and statements given in this application are true and correct. I certify that at the time of the issuance of a certificate I will be 18 years of age or older.

Type or print name of applicant

Signature of applicant

Date

9. IRREVOCABLE CONSENT TO SERVICE OF PROCESS

For Nonresidents of Arizona Only

By signing this application, I give my irrevocable consent that service of process on me may be made by delivery of the process to the Secretary of State if, in an action against me in a court of this state arising out of my activities as a state licensed or state certified appraiser, the plaintiff cannot effect, in the exercise of due diligence, personal service on me.

Signature of applicant

Date

STATE OF _____)

) ss.

COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public My commission expires: _____

10. **ARIZONA STATEMENT OF CITIZENSHIP OR ALIEN STATUS FOR STATE PUBLIC BENEFITS**

Professional License and Commercial License Arizona
Department of Financial Institutions

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the [Evidence of U.S. Citizenship, U.S. National Status, or Alien Status](#) list with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I – APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____

TYPE OF LICENSE/CERTIFICATION:

Register Appraiser Trainee Licensed Appraiser Certified Residential Appraiser Certified General Appraiser

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? Yes No

If **Yes**, indicate place of birth:

City _____ State (or equivalent) _____ Country or Territory _____

If you answered **Yes**, 1) Attach a legible copy of a document from the referenced list.

Name of document _____

2) Go to Section IV.

If you answered **No**, you must complete Section III and IV.

SECTION III – ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the referenced list or other document as evidence of your status. Name of document provided: _____

Qualified Alien Status (8 U.S.C.§§ 1621(a)(1),-1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.

2910 North 44th Street • Suite 310 • Phoenix, Arizona 85018

Telephone: (602) 771-2800 • Facsimile: (602) 381-1225

Email: REInfo@azdfi.gov • Website: www.azdfi.gov

- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The Federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

SECTION IV - DECLARATION - All applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

TODAY'S DATE

Notice to Applicant Pursuant to A.R.S. § 41-1030

An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a license requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

This section may be enforced in a private civil action and relief may be awarded against the State. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02