

# APPLICATION INFORMATION FOR REAL ESTATE APPRAISERS

## QUALIFICATIONS

An applicant for licensure as a Real Estate Appraiser must be at least 18 years of age; hold a high school diploma or its equivalent and meet the qualifications of Section 475.615; Florida Statutes. Your signature on form 0030 is your affirmation that you have satisfied all of the qualification requirements of Chapter 475.

## IMPORTANT INFORMATION

**Applicants are cautioned to read all questions thoroughly. To speed the processing of an application, be certain that the application is completely filled out, that all questions are answered truthfully and that any requested additional information is included with your application package. Please retain copies of all submitted documents. A false answer concerning background or qualification information will subject the applicant to denial or subsequent license disciplinary action.**

## FINGERPRINTS

The application must be accompanied by a **COMPLETED** (blue and white **APPLICANT** fingerprint card), Form NO. FD-258, programmed for "Florida Real Estate Appraisal Board," executed no more than 60 days prior to filing. The applicant should contact a local law enforcement agency to secure proper prints on this card. All information requested on the fingerprint card must be filled in by the applicant, including sex, race, height, eyes, hair, place of birth. This fingerprint card will be used to check criminal history records of the FBI.

You may access **Chapter 475 of the Florida Statutes** Online at:

[www.MyFlorida.com](http://www.MyFlorida.com)

- Click on "**Find an Agency**"
- Click on "**Bus. & Prof. Reg.**" and then click "**GO**"
- Click on "**Real Estate**"
- Click on "**F S 475 Part II**"

You may access the **Rules of the Florida Real Estate Appraisal Board** online by following the above instructions, except use the following step 4:

- In the left-hand navigation bar, click on "**FREAB Rules 61J1**"

# **APPLICATION INFORMATION FOR REAL ESTATE APPRAISERS**

## **EXAMINATIONS**

The State examination is administered in accordance with Section 455.217 of the Florida Statutes. An applicant will be notified when approved for examination, and must appear for examination within 1 year from the date the application was received and accepted by the Division of Real Estate. The testing vendor will be notified by DBPR once the application has been approved. The testing vendor will contact applicants with the required testing administration information. The application shall expire 1 year from the date received if the applicant fails to take and pass the appropriate state examination. The examination fee will be paid separately by the applicant to the testing company.

### **NOTICE TO PERSONS WITH DISABILITIES**

If you have a disability and require special accommodations in taking this examination, you must submit a "Request for Special Accommodations" application along with your application. If accommodations are not requested in advance, we cannot guarantee the availability of accommodations.

## **IMPORTANT RENEWAL INFORMATION**

In Florida, all Appraisers renew on the same date regardless of the date they obtained their initial registration, license, or certification. Please review Florida Statutes Chapter 455, Chapter 475 Part II, and Florida Real Estate Appraisal Board rules for further information.



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
1940 North Monroe Street  
Tallahassee, FL 32399-0783

Application requirements vary depending on the license type being applied for. The following table provides detail of the required forms for the various types of applications. You can also apply or renew licenses online and make payments by credit card by viewing the **DBPR Online Services** section located at <http://www.myflorida.com>. If you have any questions or need assistance in completing your application, please contact the Customer Contact Center at (850) 487-1395.

**Please submit this checklist with your application.**

Check Action Requested	License Type	Application Fee	Required Forms ( By Form Number)
<input type="checkbox"/>	Salesperson	\$144.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1
<input type="checkbox"/>	Salesperson (Mutual Recognition)	\$144.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1
<input type="checkbox"/>	Broker	\$154.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1
<input type="checkbox"/>	Broker (Mutual Recognition)	\$154.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1
<input type="checkbox"/>	Registered Assistant Appraiser	\$269.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1, 2060
<input type="checkbox"/>	Licensed Appraiser	\$369.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1
<input type="checkbox"/>	Certified Residential Appraiser	\$369.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1
<input type="checkbox"/>	Certified General Appraiser	\$369.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1
<input type="checkbox"/>	Non-Resident Temporary Appraisal Practice Permit	\$50.00	0010-2, 0030, 2000-1, 2020-1
<input type="checkbox"/>	Instructor – Real Estate	\$144.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1, 2030-1



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**Please submit this checklist with your application.**

Check Action Requested (Continued)	License Type	Application Fee	Required Forms (By Form Number)
<input type="checkbox"/>	Instructor – Residential Appraisal	\$144.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1, 2040-1
<input type="checkbox"/>	Instructor – General Appraisal	\$144.00	0010-2, 0030, 0050-1, 0060-1, 2000-1, 2010-1, 2040-1
<input type="checkbox"/>	School Chief Administrator	\$85.00	0010-2, 0030, 2000-1, 2070-1
<input type="checkbox"/>	New Corporations	\$95.00	0020-1, 0030, 0040-1, 2000-1, 2050, 2100-1 (Optional)
<input type="checkbox"/>	New Branch Office	\$85.00	0020-1, 2000-1, 2100-1
<input type="checkbox"/>	New School	\$135.00	0020-1, 0030, 0040-1, 2000-1, 2070-1
<input type="checkbox"/>	School Additional Location	\$50.00	0020-1, 2000-1, 2100-1
<input type="checkbox"/>	Corporate Amendment	Please call for appropriate fee(s)	0020-1, 0030, 0040-1, 2000-1, 2050
<input type="checkbox"/>	Sole Proprietor	Please call for appropriate fee(s)	0030, 0080-1, 2000-1, 2050

- Checks and Money Orders are accepted for applications received by mail.
- Please make checks or money orders payable to *DBPR - Division of Real Estate*.
- Please address mail to **DBPR - Central Intake** and use the address listed on this form.

**DBPR 0010-2 – Master Individual Application**



**STATE OF FLORIDA  
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PERSONAL INFORMATION					
Social Security Number*					
Last Name		First	Middle	Title	Suffix
Birth Date (MM/DD/YYYY) / /			Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		
Race/Ethnicity (check only one): <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Spanish, Hispanic or Latino <input type="checkbox"/> Other					
MAILING ADDRESS					
Street Address or P.O. Box					
City		State	Zip Code (+4 optional)		
County (if Florida address)		Country			
CONTACT INFORMATION					
Primary Phone Number		Primary E-Mail Address			
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)					
Street Address					
City		State	Zip Code (+4 optional)		
County (if Florida address)		Country			
BUSINESS LOCATION ADDRESS					
Business/Firm Name					
Street Address					
City		State	Zip Code (+4 optional)		
County (if Florida address)		Country			

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

\*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

PRIOR LICENSE INFORMATION			
If you currently or previously have held a business or professional license/registration in Florida or elsewhere, please list them below:			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	

BACKGROUND INFORMATION			
1.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withhold of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION WILL BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraudulent or dishonest dealing, or is there any such case or investigation pending?
3.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Has any license, registration or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or withdrawn in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to questions 1 – 4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please utilize form 0050-1 for your responses to questions 1 and 2, and form 0060-1 for your responses to questions 3 and 4. If you have more than seven offenses to document on form 0050-1, attach additional copies of form 0050-1 as necessary.

**PRIOR NAME INFORMATION**

Have you used, been known as, or called by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? Yes  No   
If your answer is yes, state name or names used below:

Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

**DBPR RE-2010-1 – Real Estate Background Questions**  
 REV 06/01



**STATE OF FLORIDA**  
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 1940 North Monroe Street  
 Tallahassee, FL 32399-0783

**NOTE – This form must be submitted as part of an entire application packet**

APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix

QUESTIONS	
Are you a current member in good standing of the Florida Bar? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a high school graduate or the holder of an equivalency certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
MUTUAL RECOGNITION	
Are you requesting mutual recognition? Yes <input type="checkbox"/> No <input type="checkbox"/>	From what state are you requesting mutual recognition?
CONSENT TO SERVICE	
Are you a Florida resident? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, please read and affirm Irrevocable Consent to Service statements below by checking BOTH items)	
<b>NOTE: (The following Irrevocable Consent to Service is applicable to non-resident applicants only)</b>	
<input type="checkbox"/> I agree, by becoming the holder of a Florida real estate license, to submit to the jurisdiction of the Department of Business and Professional Regulation and the Division of Administrative Hearings, which agreement is irrevocable.	
<input type="checkbox"/> I agree, by becoming the holder of a Florida real estate license, that the Director of the Division of Real Estate and his/her successors in office shall receive service of all legal process issued against me in any administrative or civil action or proceeding in this state, and process so served shall be valid and binding, which agreement is irrevocable. I further agree to file with the Division of Real Estate the designation of the name and address of the person to whom process served upon the Division Director is to be forwarded and to keep said designation current.	

**DBPR 0050-1 – Explanatory Information for Background Questions**



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PERSONAL INFORMATION				
Last Name	First	Middle	Title	Suffix
Identify question number on form 0010-1 this explanation pertains to:				

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

Attach additional sheets as necessary





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APPLICANT INFORMATION	
Applicant Name: _____	Social Security Number: _____
License Applying For: _____	Application type (Check one):
Telephone Number: _____	Exam <input type="checkbox"/> Initial License <input type="checkbox"/>

ATTEST STATEMENT
I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.
I have successfully completed the education required, if any, for the level of licensure, registration, or certification sought.
I have the amount of experience required, if any, for the level of licensure, registration, or certification sought.
I pledge to comply with the applicable standards of practice upon licensure, registration, or certification.
I understand the types of misconduct for which disciplinary proceedings may be initiated.
Signature: _____
NOTARIZATION
The foregoing application was sworn to and subscribed before me this ____ Day of _____ 20 ____
by _____, _____
Type or print name of applicant Signature of applicant
who is personally known to me or who has produced the following as identification.
_____
Type of identification
Signature of person taking acknowledgement Notary Seal (Rubber Stamp and Expiration)

\*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.