

FOR BOARD USE ONLY

APPLICATION/LICENSE #: _____ DATE TESTED: _____
APPLICATION FEE:\$ _____ CASH/CHECK CHARGE
DEPOSIT DATE: _____ PROCESSED BY: _____

**KANSAS REAL ESTATE APPRAISAL BOARD
EXPERIENCE APPLICATION**

GENERAL INSTRUCTIONS

- Submit completed application with the \$250 experience fee, Ad Valorem Tax experience (if applicable), the Summary of Appraisal Experience and log sheets to: Kansas Real Estate Appraisal Board, Jayhawk Tower, Roof Garden Level, 700 SW Jackson, Ste. 1102, Topeka, KS 66603.
- The application should be typed or clearly printed in ink and the **original** should be submitted to the Board.
- All questions must be answered.
- Questions regarding the application should be directed to the Board office at (785) 296-6736 or via e-mail to cheryl.magathan@kreab.ks.gov.

PART I - APPRAISER TYPE

STATE LICENSE CERTIFIED RESIDENTIAL CERTIFIED GENERAL

1. FULL NAME: _____
LAST FIRST MIDDLE INITIAL

2. SOCIAL SECURITY NUMBER: _____ - _____ - _____
Your social security number is required pursuant to 42 U.S.C. 666, K.S.A. 74-148 and K.S.A. 74-139, and may be used for child support enforcement purposes or provided to the Kansas Director of Taxation upon request. The last six digits will be provided for the registry maintained by the Appraisal Subcommittee of the Federal Financial Institutions Examination Council pursuant to federal law.

3. AGE: _____ DATE OF BIRTH: _____ SEX: MALE FEMALE

4. RESIDENCE ADDRESS (This must be a street address): _____
CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____
RESIDENCE PHONE:(_____) E-MAIL: _____

5. MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

6. BUSINESS NAME: _____
BUSINESS ADDRESS (This must be a street address): _____
CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____
BUSINESS PHONE:(_____) FAX No.(_____)

7. Have you ever been known by any other name or alias (including maiden name): Yes No
If "yes", list all names or aliases by which you are or have been known: _____

PART IV – SUMMARY OF APPRAISAL EXPERIENCE

APPLICANT'S NAME (PRINT) _____

DATE SUBMITTED _____

ENTER THE TOTAL HOURS FROM THE APPRAISAL EXPERIENCE LOGS.

REAL PROPERTY APPRAISAL EXPERIENCE	
YEAR	TOTAL HOURS
TOTAL:	

AD VALOREM TAX EXPERIENCE	
YEAR	TOTAL HOURS
TOTAL:	

ALTERNATE EXPERIENCE	
YEAR	TOTAL HOURS
TOTAL:	

GENERAL CLASSIFICATION: IF YOU ARE APPLYING FOR THE GENERAL CLASSIFICATION, ENTER THE GENERAL HOURS (NON-RESIDENTIAL) FROM THE APPRAISAL EXPERIENCE LOG. YOU MUST HAVE A MINIMUM OF 1,500 HOURS IN THE GENERAL CATEGORY.

REAL PROPERTY APPRAISAL EXPERIENCE	
YEAR	TOTAL HOURS
TOTAL:	

TOTAL REAL PROPERTY APPRAISAL EXPERIENCE HOURS:	
TOTAL AD VALOREM & ALTERNATE EXPERIENCE HOURS:	
GRAND TOTAL:	

Limited to 25% of the total hours

I hereby certify that the information provided in the attached Appraisal Experience Log is true and correct.

Date

Applicant's Signature

State of _____)

County of _____)

ss.

Notary Seal

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

Date

Notary Public

My appointment expires: _____.