



The Commonwealth of Massachusetts
Division of Professional Licensure

Board of Registration of
Real Estate Appraisers

1000 Washington Street, Suite 710
Boston, MA 02118-6100

617-727-3055

(Revised 10-8-15)

APPLICATION FOR REAL ESTATE APPRAISER TEMPORARY PRACTICE PERMIT

PLEASE COMPLETE IN INK OR TYPEWRITE

Massachusetts may recognize, on a temporary basis, the real estate appraiser certificate or license issued by another American State or jurisdiction provided that:

- The applicant for temporary registration holds a valid license or certification in good standing issued by an appraiser regulatory agency which has not been disapproved by the Federal Appraisal Subcommittee;
- The applicant must be listed in good standing on the National Federal Registry of Appraisers;
- The property to be appraised is part of a federally related transaction; and
- The appraiser's assignment is of a temporary nature.

A temporary practice permit provides a limited grant of authority to perform the appraisal work required by an appraisal assignment. A temporary practice permit expires upon the completion of the appraisal assignment, termination or expiration of the license on which the temporary permit is based, or removal from the National Federal Registry. A temporary practice permit cannot be renewed or extended.

If you have been convicted of a criminal offense that has not been reported to the Board on a prior Temporary Permit application, please review the Board's Criminal Conviction and Discipline Review policy on the Board's website prior to completing this application.

Please read all instructions before completing the application. Fill out the application carefully and completely. A **\$150.00 non-refundable application fee** must be submitted together with this application. The fee must be paid by check or money order payable to the Commonwealth of Massachusetts. Do not send cash. Mail the completed application, accompanying documentation and fee to the address listed above.

1. Name of applicant: _____
(First) (Middle) (Last) (Generation)

Maiden name of applicant: _____

2. Date of Birth: ____/____/____
mm/dd/yy

3. Telephone: Day: (____) ____-____ Evening: (____) ____-____

4. Mailing address:

(Street and P0 Box/Apt number) (City) (ST) (Zip Code)

5. Residential address (if different):

(Street and P0 Box/Apt number) (City) (ST) (Zip Code)

6. State of Licensure or Certification: _____

7. License number: _____ Type: _____

8. Employer name and address: _____

(Street and P0 Box/Apt number) (City) (ST) (Zip Code)

9. Have you ever been found guilty of any criminal offense that has not been reported to this Board on a previous temporary license application? ___Yes ___No

If yes, attach a statement containing the name of court(s) and jurisdiction(s) where the conviction(s) occurred, the nature of the conviction(s), the date(s) of the conviction and a description of any events in connection with the conviction that you feel are relevant to the Board's understanding of the conviction. Also, provide three (3) letters of reference and, if probation was served, a letter from the probation officer.

10. Have you ever been disciplined by any licensing Board, in any state, that you have reported to this Board on a previous temporary license application? ___Yes ___No

If yes, attach a certified copy of the Board's findings and a letter to this Board explaining the charges, circumstances and any other relevant information.

11. This application must be **SIGNED** by one reference who is not related and is personally known to the applicant.

I, the undersigned, certify that the applicant, who is known to me, has a good reputation for honesty and fair dealing and is of good moral character. I will be willing to interpret or substantiate to the Board my endorsement, should the Board desire to contact me at a later date.

Name & Signature	Address	Phone

12. APPRAISAL ASSIGNMENT AFFIDAVIT

Applicant Name: _____

Name of Client: _____

Name and address of the company, organization, or individual engaging your appraisal services for property located in Massachusetts:

Name: _____ Tel.: _____

Address: _____

Complete Address of Subject Property: _____

(Property address must include a street, property or other identifying number.)

Enclose a copy of the engagement letter for each property listed. The engagement letter shall list the name of the appraiser (the Temporary Permit Applicant) appraising the property and shall list the complete address of the subject property.

TYPE OF PROPERTY

Check all that are relative

Residential

Single Family

Multi Family

Vacant Land

Condominium

Other: _____

General

Land

Residential Multi Family (5-12 units)

Commercial Multi occ

Residential Multi Family (13+ units)

Institutional

Industrial

Other: _____

Specialized Assignments

Condemnation

Ad Valorem

Review Appraisal (describe below)

Other (describe below): _____

Is the nature of the property's valuation considered part of a federally-related transaction? ___Yes ___No

If no, why are you seeking a temporary permit?

13. I, _____ (the applicant), hereby state under the pains and penalties of perjury that the information provided on this application for temporary permit as a Massachusetts Real Estate Appraiser or attached or incorporated herein is truthful and accurate and that my Massachusetts appraisal assignment is of a temporary nature. I further attest that, pursuant to M.G.L. c. 62C, s.49A, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law. I understand that I must comply with the Uniform Standards of Professional Appraisal Practice and the Massachusetts real estate appraisal license laws and regulations. I hereby consent that service of process or notice of suits and legal actions may be served on the Massachusetts Secretary of State.

The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records—and other Federal and professional records—may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board.

Signature of Applicant

Date

Signature of Notary

My commission expires on:

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Division of Professional Licensure must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

NOTE: DPL cannot accept this two-page CORI acknowledgment form unless it is signed in the presence of a notary public who has likewise verified identity.

SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

IDENTITY VERIFICATION SECTION:

VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:

- Passport State-issued driver's license Military identification State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On

TEMPORARY PRACTICE PERMIT CHECKLIST

INCLUDE WITH YOUR APPLICATION

- The application is fully completed and signed by the applicant.
- Enclosed is the **non-refundable** application fee of **\$150.00** made payable by check or money order to the Commonwealth of Massachusetts.
- The character reference is completed and signed.
- The application and the two (2) pages of the CORI form are notarized.
- If answered yes to Question #9 and/or #10, all documents concerning criminal or disciplinary proceedings, including three (3) letters of reference, are attached.
- The Appraisal Assignment Affidavit section is fully completed and includes a specific property address.
- **Enclosed a copy of the engagement letter for each property listed. The engagement letter shall list the name of the appraiser (the Temporary Permit Applicant) appraising the property and shall list the complete address of the subject property.**

MANDATORY

My social security number is:

____ - ____ - ____ - ____ - ____ - ____ - ____

Pursuant to G.L. c. 62C, § 49A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.