



The Commonwealth of Massachusetts Division of
Occupational Licensure
1 Federal Street – Suite 0600 – Boston, MA, 02110
BOARD OF REGISTRATION OF REAL ESTATE APPRAISERS

SUPERVISORY AFFIDAVIT

Instructions: Complete one Supervisory Affidavit for each supervisor listed in the applicant's experience record. Attach additional pages if necessary.

Applicant Name	
Massachusetts License Number and Type	

Experience Type (check one):

- Supervised (Complete Supervisor Information, Verification, Duties, and Certification sections below.)
 Unsupervised (Complete the Unsupervised Experience section only.)

If Unsupervised, provide dates of experience:

From (MM/DD/YYYY): _____ To (MM/DD/YYYY): _____

Applicant Signature: _____ Date: _____

SUPERVISOR INFORMATION

Supervisors Name	
Supervisors Massachusetts License Number and Type	

Period of Supervision: From (MM/DD/YYYY): _____ To (MM/DD/YYYY): _____

Total Number of Supervised Hours: _____

SUPERVISOR VERIFICATION

Yes No

Applicant participated in at least seventy-five percent (75%) of the appraisal assignments listed in the accompanying experience log.

Yes No

Applicant performed appraisal work in accordance with the Uniform Standards of Professional Appraisal Practice (USPAP).

DESCRIPTION OF APPLICANT DUTIES

Briefly describe the applicant's duties and responsibilities performed under your supervision:

Additional description attached.

CERTIFICATION

I certify under the pains and penalties of perjury that I have reviewed and verified the List of Appraisal Assignments submitted by the applicant and that the information contained in this Supervisory Affidavit is true, accurate, and complete.

Supervisor Signature: _____ **Date:** _____