



# COMMONWEALTH OF MASSACHUSETTS

## Division of Occupational Licensure

### Board of Real Estate Appraisers

1 Federal Street, Suite 0600

Boston, MA 02110-2012

Main Number (617) 727-3055

[www.mass.gov/dpl](http://www.mass.gov/dpl)

## REQUEST FOR REINSTATEMENT APPLICATION

**THIS FORM IS TO BE USED ONLY FOR LICENSES EXPIRED FOR MORE THAN TWO (2) YEARS.**

Pursuant to the Appraiser Qualifications Board (AQB) and Board regulations, prior to reinstatement, a Licensee in an expired status must demonstrate that he/she completed all required continuing education hours that would have been required if the Licensee was in an active status, **28 hours per cycle**, including demonstrating compliance with the continuing education requirement immediately prior to the expiration date. The required hours for reinstatement must also include the **most recent edition** of a 7-hour National Uniform Standards of Professional Appraisal Practice (USPAP) Update Course. Trainees must complete only 28 hours no matter how long license has been expired. To obtain a Reinstatement Application, you must **remit all original certificates** of completion completed per the above requirements with this form for the Board to mail you a reinstatement application.

Clearly Print/type information:

License Number		License Expiration		Date of Birth	SSN
Last Name	First Name	Middle Init.	Generation	Telephone No.	
Address <input type="checkbox"/> Check here for change of address		City/Town	State	Zip	
Email Address					

1. In the time that your license has been expired, has a licensing/certification board located in the United States or any country or foreign jurisdiction taken any disciplinary action against you? ☐ Yes ☐ No If yes, please provide detailed information.
2. In the time that your license has been expired were you the subject of any open or pending disciplinary action by a licensing/certification board located in the United States or any country or foreign jurisdiction? ☐ Yes ☐ No If yes, please provide detailed information.
3. In the time that your license has been expired have you voluntarily surrendered or resigned a professional license or entered into any agreements with a licensing/certification board in the United States or any country or foreign jurisdiction? ☐ Yes ☐ No If yes, please provide detailed information.
4. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction? ☐ Yes ☐ No If yes, please provide detailed information

**The Board is certified by the Department of Criminal Justice Information Services [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 the licensing process. Please note you will be given an opportunity for a limited appearance before the Board.**

I hereby subscribe to and vouch for the statements made herein to be accurate and true in every respect and I am signing this document of my own free will without coercion this day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)



**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. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

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

*Please provide the name of the board of registration and license type for which you are applying or currently hold:*

\_\_\_\_\_  
Board of Registration

\_\_\_\_\_  
License Type

**NOTE: THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM WILL NOT BE ACCEPTED UNLESS IT HAS BEEN SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS COMPLETED THE "VERIFICATION BY NOTARY SECTION" ON PAGE TWO, DOCUMENTING THAT SAID NOTARY HAS VERIFIED THE IDENTITY OF THE SIGNER THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION.**

SUBJECT INFORMATION: (A red asterisk (\*) denotes a required field)

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*Last Name	*First Name	Middle Name	Suffix
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\*Maiden Name (or other name(s) by which you have been known)

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*Date of Birth	Place of Birth
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\*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:

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Street Number & Name	City/Town	State	Zip
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Street Number & Name	City/Town	State	Zip
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**IDENTITY VERIFICATION SECTION: Prior to submission to the Board's application vendor, this Section must be completed.**

**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:<sup>1</sup>

☐ 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.

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Notary Public:

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Notary Commission Expires On