



**Real Estate Appraisers Program**

550 West 7<sup>th</sup> Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8160

Email: [RealEstateAppraisers@Alaska.Gov](mailto:RealEstateAppraisers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfRealEstateAppraisers](http://ProfessionalLicense.Alaska.Gov/BoardOfRealEstateAppraisers)

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## Real Estate Appraiser Certified Trainee Application Instructions

***The following must be received by the division before your application for Real Estate Appraiser Certified Trainee can be reviewed:***

**1. APPLICATION**

A signed, completed application (#08-4162, pages 1-4).

**2. FEES**

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$150.00

Registration Fee: \$150.00

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Total Fees Due: \$300.00

**3. EDUCATION**

Official transcripts, notarized true copies of certificates of completion, or other evidence of course completion acceptable to the board, verifying 75 classroom hours of instruction (12 AAC 70.125 and 12 AAC 70.140(a)). In order for a course or seminar to qualify for initial certification, the course or seminar must be a minimum of 15 classroom hours in duration and require successful completion of a final examination. Except as provided in 12 AAC 70.140(g), time spent on the final examination will be counted toward the minimum course duration or credited toward the total classroom hours of instruction required for certification or registration (an assignment will not be counted toward the minimum hours required).

**4. AUTHORIZATION FOR RELEASE OF RECORDS**

A completed Authorization for Release of Records form (#08-4162a).

**5. VERIFICATION OF EMPLOYMENT**

Proof of employment by a certified real estate appraiser. Use the Appraisal Experience Log (#08-4162b).

## General Information

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### **APPLICATION PROCESSING:**

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued and sent to you. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### **PROFESSIONAL FITNESS QUESTIONS:**

A “yes” response in the application does not mean your application will be denied. If you have responded “yes” to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

### **DENIAL OF APPLICATION:**

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

### **RANDOM AUDIT:**

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

### **ADDRESS OR NAME CHANGE:**

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

### **CERTIFIED TRUE COPIES:**

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

### **SOCIAL SECURITY NUMBERS:**

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

### **PUBLIC INFORMATION:**

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

### **ABANDONED APPLICATIONS:**

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

### **BUSINESS LICENSES:**

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

### **STALE DOCUMENTS:**

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

**PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

**STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**APR**

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**Real Estate Appraiser Certified Trainee Application**

**PART I Payment of Fees**

<b>Required Fees:</b>	<input type="checkbox"/> Nonrefundable Application Fee	<b>\$150.00</b>
	<input type="checkbox"/> Registration Fee	<b>\$150.00</b>

**PART II Personal Information**

<b>Full Legal Name:</b>			
<p><b>Provide all other names used (maiden, nicknames, aliases).</b> If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Other Names Used: _____</p>			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Phone:</b>		<b>Date of Birth:</b>	
<p><b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.</p>			
<b>Email Address:</b>		<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p><b>Note: If both boxes are selected above, you will receive correspondence electronically.</b></p>			
<p><b>SOCIAL SECURITY NUMBER:</b> AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.</p>			

## PART III Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

### When in doubt, disclose and explain.

1. Have you ever been convicted of a crime involving moral turpitude?  Yes  No
2. Have you ever had a real estate appraiser license/certification revoked, suspended, denied, surrendered, or otherwise acted upon in any state or jurisdiction?  Yes  No
3. Are you the subject of an unresolved complaint or disciplinary action before an authority regulating real estate appraisers or a professional real estate appraisers' association?  Yes  No
4. Have you committed, or had a lawsuit filed against you, while acting as a real estate appraiser, an act or omission involving dishonesty, fraud, or misrepresentation?  Yes  No

"Yes" Answers

If you answered "yes" to any of the above questions, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).

## PART IV Supervisory Appraiser Information

Supervisory Appraiser Name:			
Certificate Number:		Certificate Type:	
Certificate Issue Date:		Certificate Expiration Date:	
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:		Registered Trainee Employment Start Date:	
Supervisory Appraiser Signature:		Date Signed:	

## PART V Education

List successful completion of Real Estate Appraisal Courses approved by a member organization of the Appraisal Foundation or regionally accredited junior college, college, or university. Use a separate sheet to list additional courses, if necessary. An applicant for registration as a real estate trainee shall submit verification of satisfactory completion of 75 classroom hours of instruction that meet the requirements of 12 AAC 70.115, 12 AAC 70.145 and 12 AAC 70.140(a). In order for a course to qualify for initial certification, the course must be 15 hours long and include an examination. The final examination will be counted toward the minimum course duration or credited toward the total classroom hours of instruction.

Required Courses	Course Sponsor	Course Number	Date Completed	Hours Completed
1. <b>Basic Appraisal Principles</b> (30 Hours)				
2. <b>Basic Appraisal Procedures</b> (30 Hours)				
3. <b>15-Hour National USPAP Course or Equivalent</b> (15 Hours Required)				
Are the required course completion certificates attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

## PART VI Supervisory Appraiser/Trainee Appraiser Course Requirement

As required by the AQB, for a supervisor/trainee relationship beginning after January 1, 2015, both the supervisory appraiser and the trainee appraiser must complete a course oriented around the requirements and responsibilities of trainee appraisers and supervisory appraisers. In addition to filling out the below information, supervisors and trainees are required to submit documentation to verify completion of the aforementioned course.

Relationship	Date of Course	Title of Course	Provider	Hours
Trainee				
Supervisor				
Are the required course completion certificates attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

## PART VII Work Log Experience

Supervisory appraisers and trainee appraisers are also required to jointly maintain an Appraisal Experience Log (#08-4162b). A completed log will contain the following information:

1. Type of property
2. Date of report
3. Address of appraised property
4. Description of work performed by the trainee appraiser and scope of the review and supervision of the supervisory appraiser
5. Number of actual work hours by the trainee appraiser on the assignment
6. The signature and state certification number of the supervisory appraiser. *Separate appraisal logs shall be maintained for each supervisory appraiser, if applicable.*



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**Signature Page**

<b>Applicant Name:</b>	
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**PART VIII Agreement**

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

<b>Applicant Signature:</b>		<b>Date Signed:</b>	
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## Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my appraisal employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a registration as a real estate appraiser certified trainee.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

<b>Name:</b>	First	Middle	Last
<b>Full Address:</b>	P.O. Box or Street	City	State Zip
<b>Phone:</b>		<b>Date of Birth:</b>	
<b>Email:</b>			
<b>Signature:</b>		<b>Date:</b>	



Department of Commerce, Community and Economic Development  
 Division of Corporations, Business and Professional Licensing  
 Real Estate Appraisers Section  
 550 W 7<sup>th</sup> Avenue, Anchorage, AK 99501  
 Phone: (907) 269-7140  
 Email: [RealEstateAppraisers@Alaska.Gov](mailto:RealEstateAppraisers@Alaska.Gov)  
 Website: [ProfessionalLicense.Alaska.Gov/BoardOfRealEstateAppraisers](http://ProfessionalLicense.Alaska.Gov/BoardOfRealEstateAppraisers)

Name: \_\_\_\_\_

Trainee Certificate Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Hours Requested: *This Page:* \_\_\_\_\_ *Total:* \_\_\_\_\_

Applicants must enter actual hours, subject to approval by the Board.

Report Date	Subject Property Address	Report Type	Property Classification	Client Named in Report	Value Opinion	T – Trainee	S – Supervisor	I. Developed Site Description and Analysis	II. Developed Building Description and Analysis	III. Neighborhood Description and Development Analysis	IV. Developed the Highest and Best Use	V. Collected, Verified and Analyzed Data	VI. Developed Income Approach	VII. Developed Cost Approach	VIII. Developed Sales Comparison	IX. Developed Final Reconciliation	X. Other (Please Attach Explanation)	XI. Appraiser	XII. State Certification # Supervisor	XIII. Experience Category (1-10)	Work Hours
						T	S														
						T	S														
						T	S														
						T	S														
						T	S														
						T	S														
						T	S														
						T	S														
						T	S														

\*Report Type: Restricted Use = R      Self-Contained = SC

Trainees only must:

1. Indicate to which portions of the assignment they contributed by putting an "x" in columns I thru X.
2. Prepare a separate log for each month and have their supervisors follow instructions 3 & 4 below.
3. For each portion of each assignment, Supervisors must indicate whether they: **P** – Had Primary Responsibility, **C** – Co-appraised, **R** – Reviewed and Approved
4. Supervisor Printed Name: \_\_\_\_\_ Supervisor License/Certificate Number: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_



THE STATE  
of

**ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**Professional Licensing**

PO Box 110806, Juneau AK 99811

Phone: (907) 465-2550

Email: [License@Alaska.Gov](mailto:License@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov)

## Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “Yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to: suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “Yes” to in the box.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b>			
<b>When in doubt, disclose and explain.</b> <b>Make copies as necessary.</b>			

**Did you attach all applicable documents associated with this incident?**

- Court orders     
  Consent agreements     
  Disciplinary actions     
  Charging documents  
 Court records     
  Fitness to practice     
  All other documentation related to this incident  
 I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

<b>Full Name:</b>		<b>PL Code:</b>	
<b>Signature:</b>		<b>Date:</b>	

**You must submit one form for each “Yes” answer. Make copies of this form as necessary.**



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*Department of Commerce, Community, and Economic Development*  
*Division of Corporations, Business and Professional Licensing*

FOR DIVISION USE ONLY

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Program Type: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply): **AMOUNT**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>