



THE STATE
of **ALASKA**

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

APR

FOR DIVISION USE ONLY

Real Estate Appraisers Program

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 269-8160

Email: RealEstateAppraisers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardofRealEstateAppraisers

Real Estate Appraiser Trainee Registration Renewal

July 1, 2023 – June 30, 2025

- Your registration lapses after June 30, 2023. There is no grace period — it is illegal to work if your registration has lapsed.
- Emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your license certificate will be available for printing via the MY LICENSE self-service portal.

PART I Payment of Fees

Renewal Fees:	<input type="checkbox"/> Biennial Registration Renewal <i>(For registrations first issued on or before June 30, 2022)</i>	\$150.00
	<input type="checkbox"/> Prorated Registration Renewal <i>(For registrations first issued on or after July 1, 2022)</i>	\$ 75.00

PART II Personal Information

Full Legal Name: Name change: <input type="checkbox"/>	Alaska Appraiser Trainee Registration Number:	
<i>If you have had a legal name change since your last registration was issued, you must complete a <u>Change of Name form</u>.</i>		
Mailing Address: Address change: <input type="checkbox"/>	P.O. Box or Street	City State Zip
Contact Phone:	Date of Birth:	
EMAIL AGREEMENT: 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.		
Email Address:	Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
Note: If both boxes are selected above, you will receive correspondence electronically.		
SOCIAL SECURITY NUMBER: AS 08.01.100 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.		

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.

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.

Since the date your last Alaska registration was issued or renewed:

- | | | |
|-------|--|---|
| 1. | Have you ever been convicted of a crime involving moral turpitude? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| <hr/> | | |
| 2. | Have you ever had a real estate appraiser license/certification revoked, suspended, denied, surrendered, or otherwise acted upon in any state or jurisdiction? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| <hr/> | | |
| 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? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| <hr/> | | |
| 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? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| <hr/> | | |
| 5. | Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| <hr/> | | |
| 6. | Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including, but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. | <input type="checkbox"/> Yes
<input type="checkbox"/> 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 Current Supervising Certified Real Estate Appraiser

Supervisor Name:			
License Number:		Start Date:	
Mailing Address:	P.O. Box or Street	City	State Zip
Email Address:		Contact Phone:	

PART V Statement of Compliance

By checking the appropriate box below, you are verifying your compliance with the continuing competency requirements outlined under Article 2 of 12 AAC 70.

Check one of these boxes if your renewal application is postmarked on or before June 30, 2023:

Licenses initially issued on or before December 27, 2022

I certify I have held my license for 186 days or more and have successfully completed the required 14 hours of continuing education from the date of initial license through June 30, 2023.

- or -

Licenses initially issued on or after December 28, 2022

I certify that I have held my license less than 185 days and am not required to comply with continuing education requirements for this renewal only.

Late Renewal Applicants

Check one of these boxes if your renewal application is postmarked on or after July 1, 2023:

I certify that I completed some or all of my hours of continuing education during the concluding licensing period of July 1, 2021, through June 30, 2023. I have attached a letter of explanation and copies of certificates documenting completion of continuing education.

- or -

I certify that I completed some or all my hours of continuing education after June 30, 2023. I have attached a letter of explanation and copies of certificates documenting completion of continuing education. Under 12 AAC 02.965, I understand that hours earned after June 30, 2023, may not be used for the subsequent renewal period.

Continuing Education

Your license cannot be renewed unless you have met the continuing education requirements in 12 AAC 70.125(c).

Random Audit

The board will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be required to submit copies of certificates as proof that you satisfied the continuing education requirements as you stated on this renewal form. Save your documents for at least four years so you can respond to audits.

Late Renewal Applicants

If you failed to complete the required hours of continuing education between July 1, 2021 and June 30, 2023, you must submit a letter of explanation and copies of course certificates, along with the completed renewal form and renewal fee.



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Signature Page

Applicant Name:

PART VI 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.

Applicant Signature:

Date Signed:



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Professional Licensing

PO Box 110806, Juneau AK 99811

Phone: (907) 465-2550

Email: License@Alaska.Gov

Website: 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.

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

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.

Full Name:		PL Code:	
Signature:		Date:	

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



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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: _____

Profession Type (e.g., Acupuncture): _____

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 (fine, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

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Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: -----

2. Expiration Date: -----

3. Security Code: -----

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.