



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**

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

Phone: (907) 269-7140

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

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

**Request for Adding Supervision**

**PART I Required Documents**

You must include the following attachments:

- A copy of the certificate or other verifying document indicating the supervisor has completed a supervisory appraiser/trainee appraiser course.
- A copy of the certificate or other verifying document indicating the trainee completed a supervisory appraiser/trainee appraiser course.

**PART II Trainee Information**

<b>Registered Trainee Name:</b>		<b>Registered Trainee License Number:</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip

**PART III Supervisor Information**

<b>Supervisory Appraiser Name:</b>			
<b>Certificate Number:</b>		<b>Certificate Type:</b>	
<b>Issue Date:</b>		<b>Expiration Date:</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Phone:</b>		<b>Registered Trainee Start Date of Employment:</b>	



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**Signature Page**

**PART IV 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>Registered Trainee Printed Name:</b>			
<b>Registered Trainee Signature:</b>		<b>Date Signed:</b>	
<b>Supervisor Printed Name:</b>			
<b>Supervisor Signature:</b>		<b>Date Signed:</b>	

# Code Page – Certified Real Estate Appraiser Work Verification Log

Please use the following guide when completing the work verification log. The purpose of this log is for the board to determine the diversity and complexity of work experience and to verify the appropriate number of work hours.

- (A) Report Date: The month and year the appraisal report was completed.
- (B) Subject Property Address: This is the common name/location of the property, i.e., George's Office Tower, Anchorage, Alaska. Please be very clear so the board can understand the property being appraised.
- (C) Report Type: Please check appropriate format for report, i.e., narrative, letter, form appraisal, or other. If the other column is checked, please attach an explanation as to the format used.
- (D) Property Classification: Below are 13 general property classifications, indicate the one which most closely approximates the appraisal assignment.
- (E) Client Named in Report
- (F) Value Opinion: Check the appropriate column range as follows: \$1 to \$250,000; \$250,000 to \$500,000; or over \$500,000.
- (G) Description of Work Performed: Work performed by trainee or applicant. Scope of review performed by supervising appraiser; and level of supervision performed by the supervising appraiser.
- (H) Approaches to Value: Check the appropriate columns if full approaches to value were utilized in the report.
- (I) Appraiser: Indicate whether you were sole signer, co-signer, or did not sign the report
- (J) Supervisor State Certification Number: Number of the supervising appraiser if applicable.
- (K) Experience Category: A numeric answer regarding the following 10 experience categories.
- (L) Work Hours: Indicate total number of hours spent on research, analysis, and preparation of report. Do not include hours which someone else spent.

## EXPERIENCE CATEGORY

1. Fee and Staff Appraisal
2. Ad Valorem Tax Appraisal
3. Review Appraisal
4. Appraisal Analysis
5. Real Estate Counseling
6. Highest and Best Use Analysis
7. Feasibility Analysis
8. Setting Forth of Opinions of Value of Real Property for Tax Purposes as an Employee of a County Assessor's or Board of Equalization
9. Assistance in Preparation of Appraisals
10. Real Estate Valuation Experience as a Real Estate Lending Officer or Real Estate Broker but Only to the Extent that the Experience is Directly Related to the Actual Performance or Professional Review of Real Estate Appraisals

## PROPERTY CLASSIFICATIONS

- CB Commercial Building
- CL Commercial & Office Land
- FL Farm/Forest land
- FR Farm/Forest Land with Residential and/or Farm-Use Equipment
- IB Industrial Warehouse & Manufacturing Building
- IL Industrial and "Business Campus" Land
- MFS Multi-Family Small 2-4 Units
- MFL Multi-Family Large 5 or More Units
- ML Multi-Family Land
- OB Office Buildings and Plazas, Including Medical
- RL Residential (Single-Family) Land, Including Any Subdivision Potential and Multiple Lot Sales
- SFR Single Family Residential (1Family Unit)
- OT Other (Please Specify) \_\_\_\_\_

Department of Commerce, Community and Economic Development  
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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													Work Hours							
						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)								
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\*Report Type: Restricted Use = R      Summary = S      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: \_\_\_\_\_