

MONTANA BOARD OF REAL ESTATE APPRAISERS

301 South Park, 4th Floor

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Helena Montana 59620-0513

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www.realestateappraiser.mt.gov

APPLICATION INSTRUCTIONS FOR ORIGINAL LICENSE/CERTIFICATION AND UPGRADE

FEES FOR LICENSURE/CERTIFICATION

Original License/Certification \$400.00

Federal Registry Fee \$ 25.00

FEES FOR UPGRADING A LICENSE/CERTIFICATION

Upgrade Fee \$175.00

APPLICATION PROCEDURES AND SUPPORTING DOCUMENTS: The following information and/or documentation is required at least 45 days in advance of the next scheduled board meeting date.

An application will not be reviewed until all materials are received and accepted. Please refer to the website for the board meeting dates.

- Per Rule 24.207.502 APPLICATION REQUIREMENTS (1) An application for a license must be made on the forms provided by the board and completed and signed by the applicant.
- Check or money order for fees payable to Board of Real Estate Appraisers.
- Examination results
- Original letter of good standing or License history if licensed in another state
- Education log and certificates of completion*
- Experience log*
- 3 Copies of 3 appraisal reports applicable to level of licensure applying for.
- A recent photograph of the applicant.

* The applicant shall submit original or certified documents in support of the application. The board may permit such documents to be withdrawn upon substitution of a true copy.

The board shall review fully-completed applications for compliance with board law and rules and shall notify the applicant in writing of the results of the evaluation of the application. The board may request additional information or clarification of information provided in the application as it deems reasonably necessary. Incomplete applications shall be returned to the applicant with a statement regarding incomplete portions.

The applicant may correct any deficiencies and resubmit the application. Failure to resubmit the application within 60 days shall be treated as a voluntary withdrawal of the application. After voluntary withdrawal, an applicant will be required to submit an entirely new application to begin the process again.

YOU MUST REQUEST LICENSE VERIFICATION FROM YOUR RESIDENT STATE.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 11. Have you ever been denied the right to take this profession's licensing exam in any state?
If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has a licensing agency ever taken adverse or disciplinary action against your license?
If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has your license ever been forfeited or surrendered? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever been expelled from or asked to resign from any professional organization of which you were a member? If yes, please attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16 th birthday. If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever been charged with fraud, formally or informally, in any legal proceeding? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Has any legal or disciplinary action been filed against you relating to or during the course of your professional practice? If yes, attached a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |

21. List all Real Estate Appraiser Examinations you have taken.

Date	Examination Level	Testing Organization	Passed	Failed

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of REAL ESTATE APPRAISER.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application. I pledge to comply and abide by the *Uniform Standards of Professional Appraisal Practice*. I affirm that I understand the types of misconduct for which disciplinary action may be initiated against me.

Legal Signature of Applicant

Date

**STATE OF MONTANA
BOARD OF REAL ESTATE APPRAISERS
EXPERIENCE LOG**

Page ____ of ____

Name: _____

Date of Report	Property Identification Address or legal description PLEASE INCLUDE # OF ACRES/UNITS	Type of Property		Scope of Work Check applicable boxes for each assignment			Type of Report				Hours		Staff Use Only
		Residential	Nonresident (Describe)	Sales Comparison Approach	Cost Approach	Income Approach	Self-contained	Summary	Restricted	Review	Resident	Non-resident	

Mentor Signature: _____ **Date:** _____

