

STATE OF MAINE

BOARD OF REAL ESTATE APPRAISERS

APPLICATION FOR LICENSE



Department of Professional and Financial
Regulation

Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8522
TTY/HEARING IMPAIRED: (207) 624-8563
Fax Line: (207) 624-8637
Email: kimberly.j.baker-stetson@state.me.us

Office located at: 122 Northern Avenue, Gardiner, Maine 04345

INSTRUCTIONS

- 1) COMPLETE CRIMINAL HISTORY CHECK FORM
- 2) MAKE OUT A CHECK OR MONEY ORDER FOR \$8.00
PAYABLE TO "TREASURER STATE OF MAINE"
- 3) COMPLETE APPRAISER APPLICATION FORM
- 4) GET APPLICATION FORM NOTARIZED
- 5) COMPLETE EDUCATIONAL EXPERIENCE FORM AND ATTACH
CERTIFICATES OF COMPLETION (N/A FOR RECIPROCAL OR TEMPORARY
LICENSE APPLICANTS)
- 6) COMPLETE SUPERVISOR FORM (NEW TRAINEES ONLY)
- 7) COMPLETE WORK EXPERIENCE FORM (N/A FOR TRAINEES, TEMPORARY
OR RECIPROCAL LICENSE APPLICANTS)
- 8) COMPLETE "CONSENT TO SERVICE FORM" (FOR OUT-OF-STATE
APPLICANTS ONLY)
- 9) ENCLOSE AN ORIGINAL "CERTIFICATE OF GOOD STANDING" FROM
CURRENT LICENSE STATE (RECIPROCAL APPLICANTS ONLY)
- 10) ENCLOSE COPY OF CONTRACT OR ENGAGEMENT LETTER
(TEMPORARY APPLICANTS ONLY)
- 11) MAKE OUT ANOTHER CHECK OR MONEY ORDER FOR TOTAL FEE
INDICATED ON APPLICATION FORM PAYABLE TO "TREASURER STATE
OF MAINE"
- 12) MAIL ALL FORMS AND BOTH CHECKS TO:

**MAINE BOARD OF REAL ESTATE APPRAISERS
35 STATE HOUSE STATION
AUGUSTA, ME 04333 0035**

THE BOARD CURRENTLY HAS RECIPROCITY WITH THE FOLLOWING STATES:

Arizona	Arkansas	Connecticut	Colorado	Georgia
Kentucky	Mississippi	Missouri	Massachusetts	New Jersey
New Hampshire	New York	North Dakota	Ohio	Oregon
Pennsylvania	Rhode Island	South Carolina	South Dakota	Tennessee
Texas	Utah	Vermont	West Virginia	Wyoming

For those states with which the State of Maine does not have an agreement, applicants need to submit a copy of current license laws of their current license state and the laws under which the license was received.



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
BOARD OF REAL ESTATE APPRAISERS
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANGUS S. KING, JR.
GOVERNOR

ANNE L. HEAD
DIRECTOR

REAL ESTATE APPRAISER LICENSING REQUIREMENTS

The following table reflects the licensing standards for new licensees and/or those upgrading an existing license as set by the Appraiser Qualifications Board (AQB) of the Appraisal Foundation. (Effective January 1, 1998)

License Category	Qualifying Education	Experience	Exam Required
TO QUALIFY FOR:			
APPRAISER TRAINEE	75 HRS OF APPROVED COURSES INCLUDES 15 HRS FOR USPAP	NONE	NONE
LICENSED APPRAISER	90 HRS OF APPROVED COURSES INCLUDES 15 HRS FOR USPAP	2000 HRS*	YES
CERTIFIED RESIDENTIAL	120 HRS OF APPROVED COURSES INCLUDES 15 HRS OF USPAP	2500 HRS* must include major residential experience and at least 24 months	YES
CERTIFIED GENERAL	180 HRS OF APPROVED COURSES INCLUDES 15 HRS OF USPAP	3000 HRS* ½ must be commercial and at least 30 months	YES

*Hours are cumulative



PRINTED ON RECYCLED PAPER

PHONE: (207) 624-8522

(207) 624-8563 TTY/HEARING IMPAIRED)

FAX: (207)624-8637

OFFICES LOCATED AT:

122 NORTHERN AVENUE, GARDINER, MAINE 04345

In which states (if any) do you hold a valid appraiser license? _____

Has any license you have ever held in this or any other state been suspended or revoked? YES NO

Do you have a high school diploma or equivalent? YES NO

CHARACTER REFERENCES

List three (3) persons you have known for at least one year, not related to you, who will attest to your reputation for honesty, truthfulness, fair dealing and competency.

1. Name: _____ Phone: _____
Address: _____
Signature of Endorser: _____

2. Name: _____ Phone: _____
Address: _____
Signature of Endorser: _____

3. Name: _____ Phone: _____
Address: _____
Signature of Endorser: _____

**NOTARIZATION OF APPLICATION
ALL APPLICATIONS MUST BE NOTARIZED**

The undersigned, in making this application, swears (or affirms) that he/she is the applicant named herein and that all information provided in connection with this application is true to the best of his/her knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to suspend or revoke a license or certification issued by the Board. The undersigned applicant further authorizes all law enforcement agencies and officials thereof to release to the Maine State Board of Real Estate Appraisers any and all criminal history record information pertaining to said applicant.

Signature of Applicant:

Sworn and subscribed to before me this _____ day of _____, 20 _____

Name of Notary Public

Signature of Notary Public

My Commission expires _____ County _____ State _____

MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
BOARD OF REAL ESTATE APPRAISERS
35 STATE HOUSE STATION, AUGUSTA, ME 04333-0035
Office Phone (207) 624-8522
Receptionist (207) 624-8603

IRREVOCABLE CONSENT TO SERVICE FORM

PLEASE TYPE OR PRINT LEGIBLY:

Name of applicant: _____ Social Security #: _____

Legal Residence: _____

WHEREAS, I _____, of _____ in

the State of _____ have made application for a nonresident license to practice as a real estate appraiser in the State of Maine in accordance with the provisions of 32 MRSA, Chapter 123; and

WHEREAS, pursuant to 32 MRSA §13977, it is necessary for a nonresident license applicant to file an irrevocable consent to service agreement with the Commissioner of the Department of Professional and Financial Regulation;

NOW, THEREFORE, I hereby execute and file with the Commissioner of the Department of Professional and Financial Regulation this irrevocable consent that actions may be commenced against me in the proper court of any county of the State of Maine in which a cause of action may arise or in which the Plaintiff may reside, by the service of the process or pleading on the Commissioner shall be taken and held in all courts as valid and binding as if due service had been made upon me personally within the State of Maine.

IN WITNESS WHEREOF, I have hereunto signed my name this _____ day of _____, 20 _____.

Signature of Applicant

State of _____ County of _____, ss. On this _____ day of _____, 20 _____.

the above named _____ personally appeared before me and acknowledged the foregoing instruments to be his/her free act and deed for the uses and purposes herein stated.

Notary Public

Expiration date of commission



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TO: PROSPECTIVE APPLICANT
FROM: OFFICE OF LICENSING & REGISTRATION
RE: CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Attached is a form addressed to the Maine Department of Public Safety, Bureau of Identification. Please complete the applicant information section of the enclosed form and send it to the appropriate licensing board with your completed application and supporting documentation as may be necessary. **Do not send the request directly to the Department of Public Safety.**

You must provide a separate check in the amount of \$8.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Please contact the board clerk at the number below if you have questions or need assistance.

Kim Baker-Stetson (207) 624-8522

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35 State House Station
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kimberly.j.baker-stetson@state.me.us



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 DIRECTOR



AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name of applicant: (fees being paid for)		
Mailing Address of applicant: (fees being paid for)		
City:	State:	Zip Code:
County:		Telephone #: (____) _____ - _____
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____

Card number _____
 Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ Date: ____/____/____