

FEE REVIEW APPRAISER APPLICATION

APPRAISER _____ BROKER NO.: _____
DATE: _____ **CERTIFIED GENERAL LICENSE NO.:** _____ (Copy enclosed)
BUSINESS ADDRESS: _____
PHONE: _____ FAX: _____ E-MAIL: _____
HOME ADDRESS: _____
PHONE: _____
COMPANY NAME: _____

LIST EMINENT DOMAIN APPRAISAL EXPERIENCE FOR **"FIVE"** YEARS
(BY PROJECT NUMBER AND DATE)

APPRAISAL WORKSHOP ATTENDED: YES DATE: _____

REVIEW APPRAISAL WORKSHOP ATTENDED: DATE: _____

EMPLOYMENT PREFERENCE:
APPRAISING: REVIEW: BOTH:

LOCAL PUBLIC AGENCY PROJECTS: INDOT PROJECTS:

AREA STATE:
CENTRAL: NORTHEAST: NORTHWEST: SOUTHEAST: SOUTHWEST:

COMMENTS: _____

SIGNATURE: _____
DATE: _____

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Indianapolis, IN 46204-2216

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