



Have you ever been denied a residential appraiser license, certified residential appraiser license, or certified general appraiser license by this state or any other state? <i>(If Yes, provide a copy of the license denial.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had a residential appraiser license, certified residential appraiser license, or certified general appraiser license suspended or revoked by any other state? <i>(If Yes, provide a copy of the licensing board order.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime? <i>(If Yes, provide a copy of the court order and any pertinent</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**APPLICANT AFFIRMATION**

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, correct, and complete.

Signature of applicant	Date <i>(month, day, year)</i>
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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency, of the Real Estate Appraiser Licensure and Certification Board, any files, documents, records or other information pertaining to the undersigned requested by the Agency, or the Board, or any of its authorized representatives in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Professional Licensing Agency, or the Real Estate Appraiser Licensure and Certification Board, to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations and institutions any information which is material to my application, and I hereby specifically release the Agency and the Board from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

**AFFIRMATION**

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant	Date <i>(month, day, year)</i>
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