MONTANA BOARD OF REAL ESTATE APPRAISERS

301 South Park, 4th Floor PO BOX 200513 Helena Montana 59620-0513 Phone: (406) 841-2300 Fax: (406) 841-2305 Email: dlibsdrea@mt.gov www.realestateappraiser.mt.gov

APPLICATION FOR MENTOR ENDORSEMENT

FEE: **\$200**

1. Name:

(Last)

(First)

(Middle)

Email:

2. Address:

3. Current level of Registration:

5. Registration/License number:

6. Have you ever been denied licensure in this state or any other state?" Yes No If yes which state?

7. Have you ever had disciplinary	action	taken	against y	ou by	this boa	ard or	another
(appraisal) regulatory body?	Yes	No					

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 APPRAISERS. 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