

MONTANA BOARD OF REAL ESTATE APPRAISERS

301 So Park Ave, 4th Floor
PO Box 200513

Helena MT 59620-0513

Phone: (406) 444-5711 Fax: (406) 841-2305

E-Mail: dlibsdua@mt.gov Website: www.realestateappraiser.mt.gov

APPLICATION INSTRUCTIONS FOR TEMPORARY REGISTRATION OF CERTIFICATION

LICENSE/CERTIFICATION FEES:

Temporary Registration Fee \$250.00

SUPPORTING DOCUMENTS:

- Temporary Registration application completed
- Check or money order for fees payable to Board of Real Estate Appraisers
- A copy of the contract for the assignment
- Consent to service form completed

Temporary registration is awarded for a 6-month period and can be renewed one time within the 12-month period following the original date on which the temporary registration was issued. A single appraisal assignment may include one or more properties under a single contract with a single client.

If you anticipate having ongoing assignments in the State of Montana you will need to make application for a permanent license.

Disciplinary Questions

Yes No

1. Do you hold a license in another state as a real estate appraiser trainee or equivalent
If yes, attach a detailed explanation.
2. Have you ever had an application for a professional or occupational license refused or denied?
If yes, please attach a detailed explanation and provide supporting documentation from the source.
3. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.
4. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.
5. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If you, please attach a detailed explanation and provide supporting documentation from the source.
6. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attached a detailed explanation and provide supporting documentation from the source.
7. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your professional or occupation? If yes, please attach a detailed explanation and provide documentation from the source.
8. Is there a pending complaint against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.
9. Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.
10. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purpose of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult.
11. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.
12. Have you been diagnosed within the past 5 years with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.

13. Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source.

14. 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

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IRREVOCABLE CONSENT TO SERVICE OF PROCESS

The undersigned applicant for a license to engage in the business of a real estate appraiser in the state of Montana, being a non-resident of said state, hereby irrevocable consents that suits and actions may be commenced against _____ in any county of the state of Montana in which the plaintiff, having a cause of action or suit, may reside, and further consents that two duplicate copies of such process or pleading to the Secretary of State of the state of Montana, and further consents that such service when so made shall be taken and held in all courts to be as valid and binding upon the applicant as if in fact made upon said applicant in the state of Montana within the jurisdiction of the court in which said suit or action is filed.

Dated this _____ day of _____, _____.

Signature of Non-Resident Appraiser

State of _____

County of _____

On this _____ day of _____, _____ before

_____, a Notary Public for the state of

_____ personally appeared _____.

Known to me to be the person whose name subscribed to the within and foregoing instrument and acknowledged to me that s/he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the notarial seal of my office the day and year in this certificate first above written.

S
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Notary Public

State of _____

My Commission Expires _____