## MONTANA BOARD OF REAL ESTATE APPRAISERS

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### **TEMPORARY PERMIT APPLICATION**

## **PART I – INSTRUCTIONS**

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	Completion of this application form is necessary for consideration for licensure under Title 37, chapter 54 of the Montana Code Annotated.
	All information provided must be true, accurate, and complete.
	Failure to disclose all requested information may result in this form not being processed and may subsequently result in the denial of this application.
	Applicants have a continuing obligation to update and supplement the information and responses in this application if they change.
	The information provided on this application is subject to the public information laws of the state of Montana.
	Disclosure of your U.S. social security number, if you have one, is mandatory under § 37-1-307(5), MCA.
	If the name shown on your supporting documents is different from that shown on your application, you must submit a certified copy of your marriage license, divorce decree, affidavit, or court order.
	Staff will notify you in writing if additional information, documentation, or action is required or you do not meet the qualifications for licensure. Failure to comply with the request within 30 days will result in expiration of the application and a new one will be required to reapply.
В.	Specific
	Submit a nonrefundable application fee of \$250 check or money order payable to the Board of Real Estate Appraisers.
	Upon receipt of a complete application, staff will verify through the National Registry that at least one state (if multiple states are listed in which the applicant holds a license) is active and in good standing.
	The temporary permit:
	• Will authorize appraisal work to be performed only on the assignment for which the permit is

issued. "Assignment" means a federally-related transaction appraisal assignment and may

include one or more properties under a single contract with a single client.

REA - Temporary Permit Page 1 of 5 rev. 09/2017

- Expires six months after the date of issuance or on the expiration date of the license from the home state, whichever occurs first.
- May be extended for one additional six-month period or for the remainder of the 12-month period following the original date of issuance of the permit, whichever occurs first.
- □ Absent mitigating circumstances, staff will issue the permit within 5 days of receipt of a complete application.

# **PART II – PERSONAL INFORMATION**

# APPLICATION FOR TEMPORARY PERMIT TO PRACTICE AS: (please check one) LICENSED RESIDENTIAL CERTIFICATION GENERAL CERTIFICATION

1. Full Name:			
Last		First	Middle
2. Title: Ms. Mr.	Dr. 3. Date of I	Birth:	
4. Place of Birth:	City, County, Province/S	State, and Country)	
Other Name(s) Know	n By:		
5. Social Security Nu	mber	or Foreign ID N	umber:
6. Business Mailing A	ddress: Street or PO Box		Zip
'. Business Location:	Street or PO Box	# City & State business mailing address)	Zip
3. Personal Address:	treet or PO Box #	City & State	Zip
9. Preferred Email Ac Unless you notify the	ddress:	ivision in writing of your pro ethod to communicate imp	  eference for postal mail
0. Phone: ()	usiness	_ () Personal Mobile	

## **PART III – LICENSURE INFORMATION**

11. Please complete the following for each credential you currently hold as a Real Estate Appraiser. Attach separate sheet if additional space needed?

Credential Type	State	License Number	Date Issued	<b>Expiration Date</b>

## **PART IV – ASSIGNMENT INFORMATION**

13.	Identification of the property address, or if under a single contract with a single client, the	he
prop	erty addresses to be appraised under this temporary permit:	
(Atta	ach separate sheet if additional space needed)	

Physical Address		City & State	Zip	
14. Name of Clien	t:			
Client Phone: (	_)			
Client Address:	Street or PO Box #	City & State	Zip	Country

#### PART V - ACKNOWLEDGEMENTS

By submitting this application:

I affirm that I understand the instructions and terms set forth in this form and am familiar with and will comply with the Board of Real Estate Appraiser's statutes and rules and the *Uniform Standards* of *Professional Appraisal Practice*.

I authorize the release of information contained in any file pertaining to my licensure and practice, all law enforcement records, administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information contained in this application and to transmit this information to the Montana Board of Real Estate Appraisers.

I affirm that I have personally completed this form and that the information provided is true, accurate, 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.

Signature of Applicant	Date	