Rev. 09/2023

MONTANA BOARD OF REAL ESTATE APPRAISERS

301 S Park Ave, 4th Floor PO BOX 200513 Helena, MT 59620-0513 Phone (406) 444-6880 Fax (406) 841-2305

EMAIL: <u>dlibsdhelp@mt.gov</u>
WEBSITE: <u>www.realestateappraiser.mt.gov</u>

APPLICATION FOR LICENSURE AS A REAL ESTATE APPRAISER TRAINEE

Trainee Application Fee \$200.00

1. Name:			
(Last)		(First)	(Middle)
2. Other Name(s) Known By:			
3. Present Mentor(s):			
4. Mentor's Address:			
5. Home Address:			(7in)
(Street/Po Bo 6. Preferred Mailing Address:	,	(City & State)	(ΖΙΡ)
7. E-Mail Address:			
8. Telephone: ())	(_) Fax
9. Social Security Number:			
10. Foreign ld Number:			
11. Date of Birth:			Male Female
12. Place of Birth:			
	(City & State)		
13. License Name:			
(State	e Your Name, As It Shou	ild Appear On the Licens	se If Granted)

PERSONAL HISTORY QUESTIONS IMPORTANT INSTRUCTIONS AND NOTICE

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

Date	Course	Education Provider		
•	Basic Appraisal Pri Basic Appraisal Pro	·		
	ver been disqualified fi nerable persons?	rom working with children, elderly persons, mentally ill persons,	Yes	No
26. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?			Yes	No
25. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?			Yes	No
24. Are you nov	w subject to criminal pr	rosecution or pending criminal charges?	Yes	No
prosecution		ntered a plea of guilty, no contest, or a similar plea, or had or suspended as an adult or "juvenile convicted as an adult" in a jurisdiction?	Yes	No
	_	ally bar you from receiving a license. For more information pact your application, consult the board or program website.		
he following info	rmation is provided for	Question 23 below:		
	irs or limits your ability	months) use one or more chemical substances in any way to practice your profession or occupation with reasonable skill	Yes	No
21. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?			Yes	No
Chemical substa	nces" include alcohol,	drugs, or medications, whether taken legally or illegally.		
,	 Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) 			No
		are you aware of any pending complaint, investigation, or ofessional license you hold?	Yes	No
18. Have you e	ver withdrawn an appli	ication for any professional license?	Yes	No
		articipate in a behavioral modification or assistance program in om a volunteer or employment position?	Yes	No
•	6. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?			No
•		urrendered a credential like those listed in number 14, in connection with or to public or private local, state, federal, tribal, religious, or foreign authority?		
or practice a		ertificate, registration, or other privilege to serve as a volunteer voked, suspended, or restricted by a public or private local, reign authority?	Yes	No

Licensure applications will not be considered complete until the information is received and processed by the Board Office. Results of the background check are sent directly to the Board office by the Montana Department of Justice. Applicants shall be notified by Board staff of receipt of documentation from the Department of Justice only if qualifying events exist on the report
Mentor Agreement:
agree that I will supervise the above named applicant as a real estate appraiser trainee. I hereby state that the applicant for real estate appraiser trainee has satisfactory credit, character, and IS OF GOOD REPUTE. I further agree that I will ACTIVELY SUPERVISE AND TRAIN the applicant during the time the applicant remains under my supervision as a real estate appraiser trainee:
Signature of Mentor:

AFFIDAVIT

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
Subscribed and sworn to me by this	_day of,
At	
City and State	
SEAL	Notary Public
CLAL	= 1.0
	For the State of
My commission expires	

Board of Real Estate Appraisers

Experience and Education Log

Experience Log Instructions

Report Date: Enter the date the appraisal report was completed.

Subject Address: Enter the address or legal description of land the appraisal report was completed on.

Total Acres/Units: Enter the total acres of the land or total units.

Report Type: Enter R for Restricted, S for Summary, Or SC for Self-Contained.

Type of Property: Enter R for Residential or NR for Non-Residential.

Client: Enter the name of the client that the appraisal report was completed for.

Est. Market Value: Enter the value you estimated the property to be worth.

T/L = Trainee and/or Licensee

M = Mentor

Trainee's and Mentors: Complete columns I-X marking each approach to value you each used when completing the appraisal.

- **Trainees must indicate which portions of the assignment they contributed to by putting an "x" in columns I X
- ** Mentors must indicate whether they: Had Primary Responsibility = P, Co-Appraised = C, or Reviewed and Approved = R

Licensees who are upgrading their licensure: Complete columns I-X marking each approach to value you used when completing the appraisal. If you are completing this for an upgrade application you will not have a mentor.

Application Hours: Enter the amount of hours the Trainee/Licensee spent on the appraisal. The guide identifying the number of experience hours for each type of appraisal assignment can be found under the Administrative Rules 24.207.509 QUALIFYING EXPERIENCE. Total these at the bottom of each page and keep a running total on each page as well.

The mentor must sign, date and enter his/hers license number on each page.



INSTRUCTIONS TO OBTAIN FINGERPRINT BACKGROUND CHECK

You must submit an application prior to completing your fingerprint background check. An *Applicant Rights & Consent to Fingerprint Notice* is included below. This form authorizes our agency to receive and review your fingerprint background check results. **Any fingerprint** background check results received without your acknowledgment of receipt of an *Applicant Rights & Consent Notice* may be discarded.

You may continue to work on your application while the results are processing (e.g., forwarding transcripts or verifications). If you do not complete your application within six months after we receive your results, you will be required to resubmit your fingerprints to obtain current background check results.

You have two options to have your fingerprints captured. Carefully read and follow the steps in the order specified below:

Option 1 – Participating Local Law Enforcement Agency

- A. Contact the Law Enforcement Agency in advance to ask if it performs non-criminal fingerprinting and if so, the need for an appointment, acceptable identification forms, hours of operation, cost, and methods of payment. Find out if the agency will supply the appropriate fingerprint card (Form FD258 rev. 5-15-17) or if you need to obtain the card from the Montana Department of Justice prior to arriving.
- B. Provide the technician a copy of the fingerprint card example that contains the information unique to your license type. The fingerprint card must have all fields correctly filled out to be accepted by the Montana Department of Justice. Utilize the fingerprint card example, which will be sent to you upon application submittal, to capture the correct code (MT920092Z) related to the application type.
- C. You must mail the completed fingerprint card in a manila envelope with the correct amount of postage. Include a check or money order made payable to the "Montana Department of Justice" in the amount of \$30.00 to:

Montana Criminal Records 2225 Eleventh Avenue PO Box 201403 Helena, MT 59620

D. Processing may be delayed due to bad fingerprints, mail issues, incomplete fingerprint cards, and non-payment.

Option 2 – The Montana Department of Justice (MDOJ), Division of Criminal Investigations - Criminal Records

Before traveling to Helena, you must schedule an appointment online at <u>dojmt.gov</u> and click on the link for fingerprint appointments. You will be directed to log in or create an account. Please direct questions to the Montana Department of Justice:

2225 Eleventh Avenue PO Box 201403 Helena, MT 59620 PHONE (406) 444-3625 dojcriss@mt.gov

- You may be charged a fee to capture each set of your fingerprints. This fee is in addition to the processing fee paid to the Montana Department of Justice to run the background check.
- Provide the technician with a valid, government-issued photograph identification to prove your identity.
- Request that the technician capture your fingerprints <u>twice</u> and create <u>two</u> fingerprint cards to help avoid unnecessary delay due to the rejection of poor-quality prints. This is especially important if your fingerprints are ink-rolled.
- Please do <u>not</u> fold or staple the fingerprint card. Please do <u>not</u> upload the fingerprint card to your online account with the Montana Department of Labor & Industry Employment Standards Division.
- You will be notified via email to take corrective action if your fingerprint card is rejected as "unreadable," is not accompanied by proper payment, or is incomplete.
- A second rejection of a fingerprint card as "unreadable" will require us to conduct a name-based search, resulting in additional processing time.
- Once a fingerprint card or name-based search is processed, the resulting criminal history (aka
 "Identity History Summary") result will be sent directly to the board in care of the Employment
 Standards Division. If there is a conviction or convictions that require board review, we will notify
 you.
- Notice of your privacy rights and procedures for obtaining a change, correction, or updating an Identity History Summary are provided to you in the Applicant Rights & Consent to Fingerprint Notice below.

End of Instructions



APPLICANT RIGHTS & CONSENT TO FINGERPRINT NOTICE

As required by 28 CFR § 50.12, you are advised that your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation and the Montana Department of Justice for the sole purpose of applying for professional licensure. Any resulting criminal history record will be retained for this purpose only and will not be disseminated outside of the Montana Department of Labor & Industry and related licensing board or program.

A Privacy Act Statement further explaining authority, principal purpose and routine use by the FBI of your information is included on the following page.

CHANGE, CORRECT, OR UPDATE RECORD

Procedures for you to obtain a change, correction, or update to your criminal history record are set forth in Title 28, C.F.R. § 16.30 - 16.34.

Our office will notify you if a disqualifying criminal offense is found in your criminal history record and give you a reasonable opportunity to challenge or correct the information, or decline to do so, before making a licensure decision.

If we notify you of a disqualifying conviction in your criminal history record, you may contact board or program licensing staff at the Employment Standards Division of the Department of Labor & Industry to obtain a copy of your criminal history record. You can view your criminal history record in person, have it mailed to you, or sent to you by the State of Montana File Transfer Service. For security reasons, the criminal history record cannot be emailed to you.

If, after review, you believe your criminal history record is incorrect or incomplete and wish to change, correct, or update the alleged deficiency, you should apply directly to the law enforcement agency that contributed the questioned information. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the law enforcement agency that contributed the question information requesting the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes in accordance with the information supplied by that agency. Information regarding this process may be obtained at www.fbi.gov/services/cjis/identity-history-summary-checks.

Within 10 calendar days of the date of receiving the results of the criminal history record, you must notify the board or program licensing staff if you have challenged your record by providing a copy of the correspondence you have submitted as referenced above. If the licensing board or program has not received a copy of such correspondence within 10 calendar days, licensing staff will schedule a disposition on the issuance of your license based on the record in its possession.

Privacy Act Statement

The Montana Department of Labor & Industry, Employment Standards Division is required by federal law to provide you this privacy act statement. This statement is also located on the back of the FD-258 fingerprint card.

"Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety." *Eff.* 03/30/2018

By signing below, I acknowledge that I have received a copy of the above Applicant Rights & Consent to Fingerprint Notice and Procedure to Change, Correct, or Update Record, and Privacy Act Statement and that I consent to provide and use my fingerprints for the stated purpose.

Applicant Signature: _		Date:	
Applicant Name:			
	Please Print Legibly		

Directions to Applicant: Return a signed copy of this document to the Department of Labor & Industry and maintain a copy for your own records.