

**State of Florida
Department of Business and Professional Regulation
Florida Real Estate Appraisal Board
Application for Non-resident Temporary Practice Permit
Form # DBPR FREAB 13**

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION REQUIREMENTS
<p>ALL License Applicants must submit:</p> <p><input type="checkbox"/> Fees:</p> <ul style="list-style-type: none"> • \$50. • Make check or money order payable to the Florida Department of Business and Professional Regulation.

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399-0783

A Non-Resident Temporary Appraisal Practice Permit holder is a Certified Residential or General appraiser whose credential was issued by another state and is recognized and registered on a temporary basis in the state of Florida for a single appraisal assignment or for a single client which is part of a federally related transaction.

As defined by Section 475.611(p), Florida Statutes, a “federally related transaction” is any real estate related financial transaction, that a federal financial institution’s regulatory agency or the Resolution Trust Corporation engages in, contracts for or regulates, which requires the services of a state licensed or state certified appraiser.

Instructions

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

1. Application Instructions (by section)

a. Section I- Applicant Information

- i. Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
- ii. In the Full Legal Name section provide your full legal name. Do not use any nicknames or initials. Please list any aliases or prior names in the prior name information section.
- iii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- iv. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant’s mailing address and may take longer to resolve.
- v. Applicants are required to provide an out of state address.
- vi. Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
- vii. Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant’s legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.

- b. **Section II – Federally Related Transaction**
 - i. Indicate which federal financial organization requires your appraisal services.
 - ii. Indicate the type of licensure that you hold and provide the license/certification number along with the state of issuance.
 - iii. Provide the client name, property description, project name and project address.
- c. **Section III– Notarized Statement**
 - i. Pursuant to Section 475.630, Florida Statutes, in order to register with the board, the appraiser must sign the notarized statement.
- d. **Section IV - Affirmation by Written Declaration**
 - i. Please read and sign the affirmation by written declaration.
 - ii. If the applicant fails to sign the affirmation statement, the application will be deficient and unable to be approved.

State of Florida
Department of Business and Professional Regulation
Florida Real Estate Appraisal Board
Application for Non-Resident Temporary Practice Permit
Form # DBPR FREAB 13

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.
For additional information see the Instructions at the beginning of this application.

Section I – Applicant Information

APPLICANT INFORMATION			
Social Security Number*			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
MAILING ADDRESS			
Street Address or P.O. Box			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	
CONTACT INFORMATION			
Primary Phone Number		Primary E-Mail Address	
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	
BUSINESS LOCATION ADDRESS			
Business Name			
Street Address			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	
BUSINESS CONTACT INFORMATION			
Phone Number		Fax Number	
E-Mail Address			

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section I – Applicant Information – continued

CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
PRIOR NAME INFORMATION			
Have you used, been known as, or are currently known by another name (e.g., maiden name or nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If your answer is yes, state name or names used below:			
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix

Section II – Federally Related Transaction

FEDERALLY RELATED TRANSACTION INFORMATION		
The transaction must be an assignment for one of the Federal Organizations listed below. If not, the request for temporary permit cannot be issued. Please check an organization:		
Federal Organization:		
<input type="checkbox"/> Federal Deposit Insurance Corporation (FDIC)	<input type="checkbox"/> Office of the Comptroller of the Currency	
<input type="checkbox"/> Board of Governors Federal Reserve System	<input type="checkbox"/> Office of Thrift Supervision	
<input type="checkbox"/> Department of Housing and Urban Development (HUD)	<input type="checkbox"/> Resolution Trust Corporation	
<input type="checkbox"/> National Credit Union Administration	<input type="checkbox"/> Freddie Mac	
<input type="checkbox"/> Fannie Mae		
Type of Licensure or Certification Held:		
<input type="checkbox"/> Certified Residential Appraiser		
<input type="checkbox"/> Certified General Appraiser		
<input type="checkbox"/> Other (please identify):		
Appraiser License/Certification Number	State of Licensure/Certification	
Client Name		
Property Description		
Project Name		
Street Address		
City	State FL	Zip Code (+4 optional)

Section III – Notarized Statement

NOTARIZATION	
<p>I have read Section 475.630, Florida Statutes and all applicable rules and agree to abide by these provisions in all appraisal activities.</p>	
<p>_____ Signature</p>	
<p>_____ Print Name</p>	
<p>STATE OF _____, COUNTY OF _____</p>	
<p>The foregoing instrument was acknowledged before me this _____ day of _____</p>	
<p>20____,</p>	
<p>By _____</p>	
<p>Personally known _____, or produced</p>	
<p>Identification _____</p>	
<p>Type of identification produced _____</p>	
<p>(Signature of Notary Public- State of Florida)</p>	
<p>_____</p>	
<p>(Print, type, or stamp commissioned name of Notary Public)</p>	
<p>_____</p>	

Section IV - Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p>	
<p>I agree to cooperate with any investigation initiated under Section 475.630, Florida Statutes, by promptly supplying such documents that any authorized representative of the department may request.</p>	
<p>I further understand that I am competent and qualified to develop and communicate real estate appraisals with safety to the general public and those with whom the person may undertake a relationship of trust and confidence and that I pledge to comply with the Uniform Standards of Professional Appraisal Practice upon certification and understand the types of misconduct for which disciplinary proceedings may be initiated.</p>	
<p>Signature:</p>	<p>Date:</p>
<p>Print Name:</p>	