COMMISSION OF REAL ESTATE APPRAISERS, APPRAISAL MANAGEMENT COMPANIES, AND HOME INSPECTORS

1100 N. Eutaw St. #121 Baltimore, MD 21201

(410) 230-6363 or (410) 230-6165 or dloplrealestateappraiser-labor@maryland.gov

REAL ESTATE APPRAISER RECIPROCAL CERTIFICATION APPLICATION

DO NOT REMIT ANY FEES WITH THIS APPLICATION

NOTE: The online application is preferred with the quickest processing time.

Pursuant to Business Occupations and Professions Article, §16-503, <u>Annotated Code of Maryland</u> and the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010, the Commission will issue a reciprocal credential if: an appraiser is coming from a State that is in compliance with the ASC; an appraiser holds a valid credential from that State; the credentialing requirements of that State (as they currently exist) meet or exceed those of Maryland; and an appraiser completes a reciprocal certification application, provides a letter of good standing if required, and the appropriate filing fees.

If you are approved for a certificate, you will be mailed an invoice and instructions that will allow you to proceed with the application process and receive a certificate. You will be required to remit a fee of \$370 with the invoice, which covers an application fee of \$250 and the \$120 mandatory National Registry Fee for a three-year licensing period.

RECIPROCITY/WAIVER OF EXAMINATION

Candidates for certification must:

Be identified on the National Registry of the Appraisal Subcommittee as an active appraiser that currently conforms to the AQB criteria. You may be required to provide a letter of good standing from the state in which your appraiser credential is held if your licensing history cannot be verified on the National Registry.

1.	<u>Certification Type</u> : (check one):			
	Certified Residential Re	al Estate Appraiser [Certified General Real E	state Appraiser
2.	General Informat	<u>ion</u>		
	Last Name	First I	Name	Middle
	Street Address		Suite/Apt #	
	City	County	State	Zip Code
	Social Security Number	Date of Bir	th Place	e of Birth, City/State

1. Have you ever been convicted of	a felony or misdemeanor in any State or Federal Court? \square Yes \square N
2. Have you ever had this type of lice by Maryland or any other jurisdiction	ense, certificate, registration, or permit denied, suspended or revoke $1? \square$ Yes \square No
of the conviction(s) as it relates to incarcer which may be obtained from the Clerk of t automatic bar to licensure. The denial, susp bar to licensure or certification. If you mark	on's review and determination, a written account of the conviction(s); current station, parole, probation, restitution, etc; and a true test copy of the court docket(ne Court in the jurisdiction of the conviction. Conviction of an offense is not an ension, revocation or other disciplinary action taken against you is not an automated "Yes", you must submit a written explanation of the disciplinary action(s) take a final order(s) issued by the applicable regulatory authority.
3. History of Licensure/Co	rtification in Another State/District
	ification of good standing, issued by the State/District regulatory authority tificate by reciprocity, and it is dated within the last 30 days.
Enter the name of the State/District from	which you are applying for reciprocity:
Type of Certificate held:	Date of Expiration:
4. Affidavit/Irrevocable C	<u>onsent</u>
By signing this application, I certify that I an	the person whose name and address appear on this application.
knowledge, information and belief; and that experience which I have claimed. I under deemed sufficient to deny certification or to have not withheld information which might all undisputed taxes and unemployment in	rjury that the information contained herein is true and correct to the best of n, upon request, I will submit documentation in support of the education and wo tand that any omissions, inaccuracies, or failure to make full disclosures may leavithhold renewal of or suspend or revoke a certificate issued by the Commission. Iffect the decisions to be made on this application. I further certify that I have paurance contributions payable to the Comptroller or the Maryland Department the satisfactory to the unit responsible for collection.
hereby irrevocably consent that service of pro-	this application, or any time in the future, is not within the State of Maryland, I does on the Secretary of State shall bind me in any action about the provision of renthe city of Baltimore of any county in the State of Maryland.
Applicant's Signature	Date
Business Phone Number	Cell Phone Number Email address
Check-off list:	
	od standing from a state in which you are credentialed, if your name be verified on the National Registry