



STATE OF MISSOURI
 DEPARTMENT OF INSURANCE, FINANCIAL
 INSTITUTIONS AND PROFESSIONAL REGISTRATION
APPRAISAL EXPERIENCE LOG FIELD AND REVIEW

REAL ESTATE APPRAISERS COMMISSION
 P.O. BOX 1335, 3605 MISSOURI BLVD.
 JEFFERSON CITY, MISSOURI 65102

APPLICANT

Use the back of this form to list all the field and review appraisals for which credit hours are being requested. You must duplicate the back of this form for additional space. Read the certifying statement carefully and sign as indicated.

1. NAME (LAST, FIRST, MIDDLE)	(MAIDEN OR GIVEN SURNAME)	SOCIAL SECURITY NUMBER*
3. ADDRESS (STREET, CITY, STATE, ZIP CODE)		4. DATE OF BIRTH
5. CHECK THE BOX THAT INDICATES YOUR OCCUPATION:		
<input type="checkbox"/> FEE APPRAISER <input type="checkbox"/> MASS APPRAISER <input type="checkbox"/> OTHER (MODOT, ETC.) _____		

APPRAISAL LOG SUMMARY

Non-working farms or dwellings and outbuildings on acreage of any size are considered as residential.

Summarize your appraisal log by category (Residential = R or nonresidential = G) and by calendar year. Total the number of appraisals and credit hours for each calendar year within each category, residential or nonresidential.

	YEAR	APPRAISALS LISTED ON PAGES FROM - TO	RESIDENTIAL EXPERIENCE (CODE R)		NONRESIDENTIAL EXPERIENCE (CODE G)	
			# OF APPRAISALS COMPLETED	TOTAL # OF HOURS	# OF APPRAISALS COMPLETED	TOTAL # OF HOURS
1.		_____				
2.		_____				
3.		_____				
4.		_____				
5.		_____				
TOTALS						

Under penalties of perjury, I declare that I have examined this document submitted by me in connection with my application, and to the best of my knowledge, it is true, correct, and complete. I understand that all experience listed MUST be supported by written records or file memoranda and any and all such records or memoranda are subject to inspection and review which may be required to verify this experience.

I have personally signed the appraisal report certificate, and/or, my name appears in the appraisal report as having made a significant contribution to the appraisal.

SIGNATURE OF APPLICANT ▶	DATE
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*You must provide your social security number pursuant to state law. Your social security number may be used for the following purposes: a) to identify you in record keeping and information exchanges with state agencies (Missouri and other states), federal agencies and other data sources; b) to make criminal history checks and to verify all information provided in the application; and c) to the Division of Child Support Enforcement of the Department of Social Services (see attachment). Discovery of false information in the application or discovery of relevant criminal history may result in denial of your application.

