



STATE OF MISSOURI  
 DIVISION OF PROFESSIONAL REGISTRATION  
**APPLICATION FOR REAL ESTATE APPRAISER  
 STATE LICENSE**

REAL ESTATE APPRAISERS COMMISSION  
 P.O. BOX 1335, 3605 MISSOURI BLVD.  
 JEFFERSON CITY, MISSOURI 65102  
 pr.mo.gov/appraisers

**GENERAL INSTRUCTIONS**

Carefully follow the steps outlined for each section of the application on the instruction sheet. Type or print legibly with black ink only. The application must be completed in its entirety. If an area is not applicable please indicate as "N/A". Incomplete applications or applications completed that do not comply with the instructions will be returned to the applicant. All signature areas must contain an original signature (copies of signatures are not acceptable). **THE APPLICATION FEE OF \$300 MUST ACCOMPANY THE APPLICATION AND IS NOT REFUNDABLE!**

**PART I APPLICANT'S APPLYING STATUS**

**CHECK THE ONE BOX THAT BEST DESCRIBES YOUR APPLYING STATUS**

- This is the first time I have made application for this profession in Missouri.
- I have previously made application for this profession in Missouri; however, my previous application expired and I am now reapplying.
- I am currently a Missouri Licensed/Certified Appraiser (Lic. # \_\_\_\_\_) and am now applying for a higher appraiser category.
- My application for this profession had previously been denied in Missouri. I am reapplying since I have fulfilled additional requirements.
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART II APPLICANT IDENTIFYING INFORMATION**

1. APPLICANT NAME (LAST, FIRST, M.I.) MR. MRS. MS.		2. SOCIAL SECURITY NUMBER* (see below and attachment) — —	
3. LIST ANY NAMES OTHER THAN ABOVE UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED		4. DATE OF BIRTH	5. AGE
6. HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)		7. COUNTY	
8. BUSINESS NAME			
9. BUSINESS ADDRESS		10. COUNTY	
11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED WORK (      )		12. TELEPHONE NUMBER HOME (      )	
13. E-MAIL ADDRESS			

\*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. Discovery of false information in the application or discovery of relevant criminal history may result in denial of your application.

**PART III EDUCATION INFORMATION FOR STATE CERTIFIED RESIDENTIAL APPLICANTS**

REAL ESTATE APPRAISAL COURSES COMPLETED. To receive credit, courses must be Commission approved and verified by the course provider. List each course by provider, course name, year attended, classroom hours and attach the verification documents.

COURSE PROVIDER	COURSE NAME	YEAR	HOURS
1. Uniform Standards of Professional Appraisal Practice			
2. Basic Appraisal Principles			
3. Basic Appraisal Procedures			
4. Residential Market Analysis and Highest and Best Use			
5. Residential Appraiser Site Valuation and Cost Approach			
6. Residential Sales Comparison and Income Approach			
7. Residential Report Writing and Case Studies			
8. Valuation Bias and Fair Housing Laws and Regulations			

**PART IV RECORD OF LICENSING INFORMATION**

If you have ever been licensed/certified to practice Real Estate Appraisal in Missouri or any other jurisdiction you must complete the information requested below. This also applies to temporary, trainee, and apprenticeship licenses or permits. Failure to disclose all (active, nonactive or expired) licenses, certifications and/or permits may result in the denial of this application. **If Part IV is not applicable, please indicate below as "N/A."**

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (ACTIVE, LAPSED, ETC.)
STATE OF ORIGINAL LICENSURE/ CERTIFICATION				
STATE OF CURRENT LICENSURE/ CERTIFICATION WHERE YOU MOST RECENTLY HAVE BEEN PRACTICING.				
OTHER STATES OF LICENSURE/CERTIFICATION				

(IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET.)

**PART V RECORD OF EXAMINATION**

If you have ever taken a certification or licensure examination in Missouri or any other state, for the appraisal profession, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action. **If Part V is not applicable, please indicate below as N/A.**

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS (PASSED, FAILED, ABSENT)

(IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET.)

**PART VI PERSONAL HISTORY INFORMATION**

THIS PART MUST BE COMPLETED BY ALL APPLICANTS	YES	NO
1. Has applicant ever been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution pursuant to the laws of any state or of the United States, whether or not sentence was imposed? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you now, or have you within the past five (5) years, suffered from, been diagnosed as having, or been treated for any disease or condition that would interfere with your ability to perform the essential functions of your profession which is generally regarded by the medical community as chronic? If yes, attach detailed statement, including an explanation regarding whether or not you are currently under treatment.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been denied a professional license, certification, or permit, or privilege of taking an examination, or had a professional license, certification, or permit disciplined in any way by any licensing authority in Missouri or elsewhere? If yes, attach a detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you a U.S. citizen OR a lawfully admitted alien of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had any license, certification, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever voluntarily surrendered any professional license, certification, or permit? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you presently being investigated or is any complaint or disciplinary action pending against any professional license, certification, or permit you hold? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>

**TAX COMPLIANCE**

*All persons and business entities licensed with the Division of Professional Registration are required to have paid all state taxes and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. The following tax information must be provided:*

**Pursuant to Section 324.010, RSMo:**

Were you a Missouri resident in any of the last 3 years?  Yes  No

Did you have any Missouri income in any of the last 3 years?  Yes  No

Were you subject to Missouri income tax in any of the last 3 years?  Yes  No

**All questions must be completed. False statements are subject to criminal penalties and/or license discipline. For tax questions, contact the Department of Revenue at (573) 751-7200 or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov)**

**MILITARY BENEFITS/SERVICE**

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?  Yes  No

Would you like to receive information and assistance regarding veterans benefits and services?  Yes  No

May the agency share your contact information with the Missouri Veterans Commission to provide such information?  Yes  No


General information may also be found at the Missouri Veterans Commission's website <https://mvc.dps.mo.gov/>.

**PART VII CERTIFYING STATEMENT**

1. I agree to comply with the provisions set forth in the Missouri Statutes, rules and regulations governing real estate appraisers.
2. I authorize the Missouri Real Estate Appraisers Commission to interview the employees of companies, institutions, or organizations listed for my education, experience, or testing experience and to inspect my office appraisal files to verify information given on my application.
3. If an appraisal license/certificate is issued to me in error, I agree to return the license/certificate upon request after being given appropriate due process.

The foregoing statements are made for the purpose of procuring a Missouri Real Estate Appraisers License/Certification and I hereby consent that these statements may be used as evidence by the Commission, or in any court in Missouri where a violation of the Law is claimed, and that the application and representations made by me in order to procure a Real Estate Appraiser License/Certification, and the statements herein made may at any time be used in evidence.

I further agree to comply with the standards set forth in the Missouri Statutes, Missouri Real Estate Appraisers rules and regulations, and the Uniform Standards of Professional Appraisal Practice, and fully understand the types of misconduct for which disciplinary proceedings may be initiated against me as a state licensed/certified real estate appraiser.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>  <small>NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL</small>	APPLICANT'S SIGNATURE 	
	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS <div style="display: flex; justify-content: space-around;"> <span>DAY OF</span> <span>YEAR</span> </div>	
	NOTARY PUBLIC SIGNATURE  NOTARY PUBLIC NAME (TYPED OR PRINTED)	MY COMMISSION EXPIRES

**USE RUBBER STAMP IN CLEAR AREA BELOW.**

**Consult "Real Estate Appraiser Instructions" for supporting documentation, and additional specific information concerning the filing of your application.**

**SPECIAL NEEDS:** If you have special needs addressed by the Americans with Disabilities Act, you must notify this office to insure that reasonable accommodations are made for your needs. Notification must be in writing and mailed to the Missouri Real Estate Appraisers Commission, P.O. Box 1335, 3605 Missouri Boulevard, Jefferson City, Missouri 65102. Notification of special needs must be received by the Commission at a reasonable time in advance of the date on which the accommodation for special needs is required.



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
**WORK HISTORY**

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

**APPLICANT**

Complete Work History for the last five (5) years. Include all work experience and account for entire time period. You are authorized to photocopy this form if additional space is required.

1. NAME (LAST, FIRST, MIDDLE)		2. DATE OF BIRTH  ____ / ____ / ____ MONTH      DAY      YEAR	
3. SOCIAL SECURITY NUMBER*  -    -    -		4. ADDRESS (STREET, CITY, STATE, ZIP CODE)	
5. MAIDEN OR GIVEN SURNAME		6. CHECK HERE IF YOU HAVE NEVER BEEN EMPLOYED <input type="checkbox"/>	8. DATE FORM COMPLETED

**8. RECORD WORK HISTORY CHRONOLOGICALLY - COMPLETE WORK HISTORY BEGINNING WITH PRESENT EMPLOYMENT**

A. NAME OF BUSINESS/INSTITUTION		JOB TITLE	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		DESCRIPTION OF DUTIES PERFORMED	
SUPERVISOR NAME			
DATE OF EMPLOYMENT/ATTENDANCE  FROM ____ / ____ / ____ TO ____ / ____ / ____ MONTH    DAY    YEAR                    MONTH    DAY    YEAR			

B. NAME OF BUSINESS/INSTITUTION		JOB TITLE	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		DESCRIPTION OF DUTIES PERFORMED	
SUPERVISOR NAME			
DATE OF EMPLOYMENT/ATTENDANCE  FROM ____ / ____ / ____ TO ____ / ____ / ____ MONTH    DAY    YEAR                    MONTH    DAY    YEAR			

C. NAME OF BUSINESS/INSTITUTION		JOB TITLE	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		DESCRIPTION OF DUTIES PERFORMED	
SUPERVISOR NAME			
DATE OF EMPLOYMENT/ATTENDANCE  FROM ____ / ____ / ____ TO ____ / ____ / ____ MONTH    DAY    YEAR                    MONTH    DAY    YEAR			

\*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. Discovery of false information in the application or discovery of relevant criminal history may result in denial of your application.

# MISSOURI REAL ESTATE APPRAISER APPLICATION INSTRUCTIONS

Upon completion of the education and experience, all applicants for appraiser certification are required to submit the application, application fee, official transcript, education certificates, supervisor affidavit, experience field and review sheet along with the trainee appraisal log. Each page of the log must be signed by the trainee and supervisor.

All areas of the application that require a signature must contain an original signature; copies are not acceptable! Fees must accompany your application and are **NOT REFUNDABLE**. If the name shown on your application is different than that shown on any documentation, you must submit proof of legal name change such as marriage license, divorce decree or court order.

## APPLICATION:

### Part I, Application Status:

In Part one, check the box that best describes your application status.

### Part II, Identification Information:

If your name on any supporting documentation is different than the name used on the application, you must submit proof of a legal name change (marriage license, divorce decree, etc.).

### Part III, Education:

Only courses approved by the Missouri Real Estate Appraisers Commission will be credited towards the education requirement.

List each appraisal course by provider and course name. List the year that you successfully completed the course and course hours. Listings of approved course providers are available at <http://pr.mo.gov/appraisers-education.asp>.

### Part IV and Part V, Record of Licensure/Record of Examination:

List the appraiser licenses/certifications, etc., that you have or had, in Missouri or other jurisdictions. Failure to do so could result in the discipline of your license or denial of an original license. In addition, you must list examinations that you have taken for licensure or certification as an appraiser.

### Part VI and Part VII, Personal History/Certifying Statement:

All questions must be answered. Falsifying an answer could result in discipline to your license or denial of licensure. The certification (Part VII) must contain an **original** signature. Copies of signatures are not acceptable.

### Work History:

The History Work form must be completed for all appraiser applicants. In completing the form, list all your work history for the sixty months preceding the signature date of your application.

### Fees:

The application must be accompanied by the appropriate **NONREFUNDABLE fee in the form of a check or money order made payable to the Missouri Real Estate Appraisers Commission**. Application fees are as follows:

State Licensed Real Estate Appraiser	\$300
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## MASS APPRAISAL AND AD VALOREM TAX ASSESSMENT EMPLOYEES

The experience requirement for mass appraisals shall be fulfilled by submitting an appraisal log. A sample may be found online at <http://pr.mo.gov/appraisers-requirements-application-forms3.asp>.

Qualifying mass appraisal experience should be USPAP compliant under Standard 6 for mass appraisals, Standards 1 and 2 for appraisals of individual properties, and Standard 3 for review of individual appraisals.

## SUPPORTING DOCUMENT EXPERIENCE LOG

### Appraisal Experience Log:

**State License** — requires 1,000 hours of appraisal experience obtained during no fewer than 6 months. .

An appraisal log (Supporting Document Form Appraisal Experience Log) must be completed as evidence of field and review appraisals as an appraiser. All appraisals listed on the appraisal log must be in conformance with USPAP if prepared after January 1, 1992; or, meet reasonable minimum standards, if prepared before January 1, 1992. All appraisals listed are subject to Commission review.

In completing the appraisal log, **FOLLOW THESE INSTRUCTIONS CAREFULLY! Appraisal logs not prepared in accordance with these instructions will be returned.**

First, photocopy the Trainee Appraisal Experience Log to attain the number of pages needed to list the appraisals that you intend to submit. Start listing your appraisals for the most current year. List residential appraisals (code R) for that year followed by the nonresidential appraisals code (code G). After the last listing (for the most current year) start a new page and repeat the listing process for the next (or second) most current year. Repeat this process. Each page must contain original signatures of the trainee and supervisor. Upon completion of the appraisal log, completed the Appraisal Experience Field and Review Sheet.

License applicants must submit work samples that include the Cost and Sales Comparison approach.

Upon completion of the education and experience requirements, random samples of your work from the assignment log will be requested. Electronic files must be in pdf format with no security settings.

The hours listed in the following table are considered **maximum**. If you feel that more time should be awarded for any appraisal, you may list the appraisal as code G9 and request at a higher amount; however, a written justification for each such listing must accompany the appraisal log. Refer to the following for entering code and maximum authorized experience hours:

(A) R1 = Single Family, Condo., or similar*	
i. 1004 (URAR)	10 hrs
ii. exterior only forms (2055, etc.)	5 hrs
(B) R2 = 2, 3, or 4 unit family dwellings	15 hrs
(C) R3 = vacant residential sites (up to 40 acres)	5 hrs
(D) G1 = apartments 5 - 12 units	20 hrs
(E) G2 = apartments 13 and more units	35 hrs
(F) G3 = vacant land (other than single family)**	10 hrs
(G) G4 = industrial	35 hrs
(H) G5 = office space	35 hrs
(I) G6 = retail space	35 hrs
(J) G7 = special use property (provide explanation)	35 hrs
(K) G8 = operating or special use agriculture***	35 hrs
(L) G9 = other (provide detailed explanation)	
*1. Includes homes on acreage, hobby farms, etc.	
**2. Includes non-agricultural acreage, commercial land, etc.	
***3. If operating, primary income <b>shall</b> come from property. Some explanation relating to type of use should be provided.	

When requested please submit **signed copies** of the selected works samples inasmuch as they will be destroyed upon completion of the review. Include all file memoranda (work file) pertinent to the appraisal report(s) to be reviewed by the commission. If your signature is not the only signature on the work samples, a letter of explanation from the co-signer or reviewer should be forwarded explaining the applicant's participation of the appraisal report and also if reviewer or co-signer inspected the property. If you have not participated fully in the preparation of a report or reports, the number of hours shown on the experience log should be reflective of the **actual hours spent**.

Missouri Real Estate Appraisers Commission  
3605 Missouri Blvd. P.O. Box 1335  
Jefferson City, MO 65102  
573.751.0038 Telephone  
reacom@pr.mo.gov  
<http://pr.mo.gov/appraisers.asp>

**ALL APPRAISERS SERVING IN A SUPERVISORY OR REVIEW CAPACITY FOR THE APPLICANT MUST COMPLETE THIS AFFIDAVIT**

Supervisor/Review Appraiser Name: \_\_\_\_\_

Supervisor/Review Appraiser License Number: \_\_\_\_\_

I hereby certify that \_\_\_\_\_(Appraisers Name) was engaged in the appraisal of real estate \_\_\_\_\_(Begin date) to \_\_\_\_\_(End date).

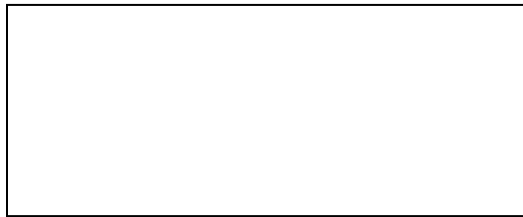
**I have reviewed the appraisal log submitted by the applicant for experience credit, and I certify that it is true and correct to the best of my knowledge.**

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

\_\_\_\_\_  
Supervisor/Review Appraiser Signature

\_\_\_\_\_  
Date

NOTARY PUBLIC EMBOSSER SEAL OR BLACK INK STAMP



State of: \_\_\_\_\_

County of: \_\_\_\_\_

Subscribed and sworn before me, this \_\_\_\_\_(Date).

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Name

My Commission Expires: \_\_\_\_\_



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.

# TRAINEE Real Estate Appraiser Board

## Appraiser Assignment Log (Please Print)

Name: \_\_\_\_\_

Certification, License or Apprentice Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Hours Requested: *This page* \_\_\_\_\_ *Total* \_\_\_\_\_

**Applicants must enter actual hours, subject to maximums permitted in Board rules.**

Report Date	Subject Address	Report Type	Form Used	Type of Property	Client	Est. Market Value	A - Apprentice	S - Supervisor	I. Site Inspection & Descriptions	II. Bldg Inspection & Descriptions	III. Nbrhd Description & Analysis	IV. Highest & Best Use Analysis	V. Research of Comp Sales & Analysis	VI. Income Analysis	VII. Cost Analysis	VIII. Meaningful Sales Analysis	IX. Final Reconciliation	X. Other (please attach explanation)	Actual Hours
1/1/2017	123 Olive Street Jefferson City, MO 65109	AR or RA	1004 etc	R1, R2, R3 G1, G2, etc	ABC Mortgage	\$130,000	A	S											7
							A	S											
							A	S											
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							A	S											

**Report Type:** Appraisal Report = AR Restricted Appraisal = RA

**Apprentices only must:** \_\_\_\_\_ **Appraisers who are not now Apprentices do not need to complete columns I thru X**

1) Indicate to which portions of the assignment they contributed by putting an "x" in Columns I thru X.

2) Prepare a separate log for each month and have their supervisors follow instructions 3 & 4 below.

3) For each portion of each assignment, Supervisors must indicate whether they: **P** – Had **Primary** Responsibility **C** – Co-appraised **R** – Reviewed and Approved

4) **Supervisor Name (Print)** \_\_\_\_\_ **Supervisor's Lic/Cert No.** \_\_\_\_\_

**Supervisor Name (Sign)** \_\_\_\_\_ **Date Signed** \_\_\_\_\_



## Trainee Experience Log

Date of Report	Property address, city state, zip	Type of Property (R1, R2, R3, G1, G2, etc.) AND Form Used		Clients Name	Description of Applicants Work Performed	Scope of Supervising Appraisers Review	Scope of Supervising Appraisers Supervision	No. of actual hours worked by trainee	Appraised Value
1/3/06 SAMPLE	123 Olive Street, Jefferson City MO 65109	SFR	1004	ABC Mortgage	Neighborhood, subject and comp data research and analyses, interior/exterior property inspection, cost/sales comparison approaches, final reconciliation	Reviewed work file and report, verified subject sales history, checked data and analyses in approached to value utilized, discussed with application, co-signed appraisal report	Completed entire appraisal process with applicant, including physical inspection of property	7	\$130,000

\_\_\_\_\_  
Trainees Signature

\_\_\_\_\_  
Supervisors Signature and License/Certification No.

# Trainee Experience Log

Date of Report	Property address, city state, zip	Type of Property (R1, R2, R3, G1, G2, etc.) AND Form Used		Clients Name	Description of Applicants Work Performed	Scope of Supervising Appraisers Review	Scope of Supervising Appraisers Supervision	No. of actual hours worked by trainee	Appraised Value

\_\_\_\_\_  
**Trainees Signature**

\_\_\_\_\_  
**Supervisors Signature and License/Certification No.**