FOR BOARD USE ONLY

PERMIT #:_____ DATE APPROVED:_____

FEE:$_____ ☐ CASH/CHECK ☐ CHARGE

DEPOSIT DATE:_____ PROCESSED BY:_____

KANSAS REAL ESTATE APPRAISAL BOARD

REGISTRATION FOR TEMPORARY PRACTICE

PART I – INSTRUCTIONS

Return the completed form and the $50 fee to: Kansas Real Estate Appraisal Board, Jayhawk Tower, Roof Garden Level, 700 SW Jackson, Ste. 804 , Topeka, KS 66603 or e-mail to cheryl.magathan@kreab.ks.gov (notary seal must be inked).

1. FULL NAME:_____
   LAST FIRST MI
2. RESIDENCE ADDRESS:_____
   STREET CITY STATE ZIP CODE
3. DATE OF BIRTH:_____/_____/_____ SOCIAL SECURITY NUMBER:_____-_____-_____
4. BUSINESS NAME:_____
5. BUSINESS ADDRESS:_____
   STREET CITY STATE ZIP CODE
6. BUSINESS PHONE:(_____)_____ FAX:(_____)_____

   E-MAIL ADDRESS:_____

I am a legal resident of the state of _____ and desire to register to receive temporary appraiser licensing/certification privileges in the state of Kansas. I agree to notify the Kansas Real Estate Appraisal Board, in writing, when the appraisal assignment is completed.

PART III – DESCRIPTION OF APPRAISAL ASSIGNMENT

Description must include an address, cross-street or legal description. Attach a separate sheet if additional space is needed.

_____

_____

PART IV – STATEMENT & APPLICANT SIGNATURE

I have read and agree to comply with all provisions of the appraiser license laws and rules in the state of Kansas. I do hereby irrevocably consent that suits and actions may be commenced against me, from and after the date of written notification of acceptance of the registration by the state of Kansas, in the proper court of any county in the state in which a cause of action may arise against me growing out of the temporary privileges granted, by the service of any and all processes authorized by the laws of the state of Kansas, being served upon the administrator of the appraiser regulatory agency in such state. I further consent that such service of such processes on said administrator shall be taken and held in all courts in the state of Kansas, to be valid and binding as if due or personal services has been made upon me in the state of _____(resident state).

_____ _____
Date Signature of Applicant

State of _____)
) ss. Notary Seal
County of_____)

Subscribed and sworn to before me this _____ day of _____, 20_____.

My appointment expires:_____ _____
Notary Signature

☐ VISA ☐ MASTERCARD ☐ DISCOVER

EXPIRATION: MONTH YEAR: AMOUNT OF CHARGE: $_____

_____ _____
PRINT CARDHOLDER'S NAME CARDHOLDER'S SIGNATURE

_____
BILLING ADDRESS

☐ REQUEST RECEIPT