## Louisiana Real Estate Appraisers Board State of Louisiana

Office of the Governor

JEFF LANDRY
GOVERNOR



TAYLOR F. BARRAS
COMMISSIONER OF ADMINISTRATION

## **Application for Appraiser Testing**

Initial License Fee			
Make fees payable to the Louisiana Real Estate Appraisers Board. Money orders, personal or company checks, and certified or cashier's checks are accepted. Please do not send cash through the mail.			
The Board may decline to accept this application unless all requested information is provided and proper payment is enclosed. Payment may b in the form of a business or personal check, cashier's check, or money order payable to the Louisiana Real Estate Appraisers Board (LREAB). Th license fee is NOT refundable once the application has been accepted for filing by the Board.			
PART I: GENERAL INFORMATION			
1.	. Type of license for which you are applying:		
	Licensed Residential ☐ Certified Residential ☐ Certified General		
Copies of course Completion Certificates, High School Diploma, Associate's Degree, or Bachelor's Degree MUST accompany this application.)			
2.	Resident jurisdiction in which the applicant is licensed:		
3.	License Certification Number:		
4.	Full Legal Name:		
	Social Security Number:		
6.	Driver's License Number:		
7.	Date of Birth:		
8.	If not a citizen of the United States, furnish your alien registration number:		
PART II: ADDRESS, TELEPHONE, & EMAIL			
9.	Physical Address:		

## LA REAL ESTATE APPRAISERS BOARD

Application for Appraiser Testing (Rev. 02/2024) Page 2 of 3 **10.** City, State, Zip Code: **11.** Business Name: \_\_\_\_\_ **12.** Business Address: \_\_\_\_\_ **13.** City, State, Zip Code: \_\_\_\_\_ **14.** Business Telephone: \_\_\_\_\_\_ Personal Telephone: \_\_\_\_\_ 15. Email Address: PART III: PREFERRED MAILING ADDRESS AND CONTACT INFORMATION: (P.O. BOX may be used if different from above): **17.** Address: \_\_\_\_\_ **18.** City, State, Zip Code: \_\_\_\_\_ **PART IV: LICENSE HISTORY** 19. List all states where you are currently, or have been previously, certified or licensed as a real estate appraiser. **STATE** CLASSIFICATION NUMBER **ISSUE DATE EXPIRATION DATE PART V: BACKGROUND INFORMATION** 20. Have you ever had a real estate salesperson, broker, or appraiser license suspended, canceled, or revoked; surrendered a license pending disciplinary action; or had an application for such denied in Louisiana or any other state? ☐ Yes ☐ No If "Yes", include a detailed letter of explanation with this application. 21. Are any complaints, disciplinary hearings, or investigations pending against any licenses you currently hold? ☐ Yes ☐ No If "Yes", include a detailed letter of explanation with this application.

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	y or nolo contendere to the crimes of forgery, embezzlement, larceny, extortion, conspiracy to defraud, theft, or any crime
☐ Yes ☐ No If "Yes", include a detailed let	tter of explanation with this application.
<b>23.</b> Have you ever been convicted, pled gui competent jurisdiction?	lty, or nolo contendere, to any felony crime in any court of
$\square$ Yes $\square$ No If "Yes", include a detailed let	ter of explanation with this application.
	CERTIFICATION
deemed necessary by the Louisiana Real Estate Appraisers rejected for cause and that the license I may obtain may be a superior of the superi	nd correct. I agree to furnish additional information or documentation as may be Board. I acknowledge that my application for licensing by reciprocity may be be revoked for supplying false or misleading information to the board. I agree and the Rules and Regulations of the Board. I will perform all appraisals in compliance (USPAP).
IRREVOCABLE CONSENT TO	SERVICE OF PROCESS AND POWER OF ATTORNEY
in office, my true and lawful attorney-in-fact, and in the Sta or proceeding may be served, subject to and in accordance specifically agree that in any and all such legal processes upon me personally, and that all such processes of law served	ecutive Director of the Louisiana Real Estate Appraisers Board, and his successors te of Louisiana, upon whom all process of law concerning me in any legal action with all laws of the State of Louisiana and all amendments thereto, and I do hereby of law, which may be served upon my attorney-in-fact, shall be deemed served upon my attorney-in-fact shall have the same effect as if I were a resident of the process of law. This Irrevocable Consent of Service is made in compliance sers Law.
Signature of Applicant:	Date:
COUNTY OF STATE C	DFSWORN TO AND
SUBSCRIBED before me by	on this day
of20	
(SEAL)	Notary Public

NOTICE: IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA), APPLICANTS WITH A DISABLING CONDITION MAY REQUEST SPECIAL ASSISTANCE IN COMPLETING THIS APPLICATION. PLEASE CONTACT OUR ADA COORDINATOR AT (225) 765-0191 OR 1-800-821-4529 (EXTENSION 244) FOR FURTHER INFORMATION.