



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
Bureau of Educational Standards
P.O. Box 22001
Albany, NY 12201-2001
(518) 486-3803
www.dos.ny.gov

Appraiser Qualifying Course Approval Renewal Application

PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

A non-refundable registration fee must accompany this original, signed application (photocopies will not be accepted). Fees may be paid by check or money order (made payable to the Department of State) or by MasterCard or Visa, using a credit card authorization form. Do not send cash.

Annual registration period runs from October 1st to September 30th.

All instructors must be approved.

PLEASE CHECK THE COURSE(S) YOU WANT RENEWED. ALSO INDICATE COURSE CODE APPROVAL NUMBER ON LINE PROVIDED.

RESIDENTIAL - \$250.00 - R-5 _____ R-6 _____ R-7 _____ R-8 _____ R-9 _____

R-10 _____ R-11 _____

GENERAL - \$250.00 - G-4 _____ G-5 _____ G-6 _____ G-7 _____ G-8 _____

15 HOUR NATIONAL USPAP - \$250.00 - _____

STATISTICS, MODELING AND FINANCE (SMF) - \$25.00 - _____

RESIDENTIAL ELECTIVE (RE -1) - \$25.00 - _____

RESIDENTIAL ELECTIVE (RE -2) - \$25.00 - _____

GENERAL ELECTIVE 1 - (GE - 1) - \$25.00 - _____

GENERAL ELECTIVE 2 - (GE - 2) - \$25.00 - _____

GENERAL ELECTIVE 3 - (GE - 3) - \$25.00 - _____

SUPERVISORY APPRAISER/TRAINEE APPRAISER - \$25.00 - _____

SECONDARY LOCATION 1 AND 2 - \$250.00 EACH FOR R-5, R-6, R-7, R-8, R-9, R-10, R-11, USPAP, G-4, G-5, G-7, G-8

SECONDARY LOCATION 1 AND 2 - \$25.00 EACH FOR Statistics, Modeling and Finance, RE-1, RE-2, GE-1, GE-2, GE-3: Supervisory Appraiser/Trainee

Appraiser

SCHOOL NAME

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION)

CITY

STATE

ZIP+4

E-MAIL ADDRESS (IF ANY)

PRIMARY LOCATION (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

SECONDARY LOCATION #1 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

SECONDARY LOCATION #2 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

SECONDARY LOCATION #3 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

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1. Is any change being made or is any change contemplated in the presentation of this course in the forthcoming year relative to study material or procedures for taking attendance?

Yes* No If Yes*, attach explanation of change.

2. Has or will there be a change in any final examination?

Yes* No If Yes*, attach the final examination, answer key, reference source and page and subject matter category.

3. Indicate names and signatures of persons authorized to sign course completion certificates. (Cannot be real estate appraiser.)

PRINT NAME

PRINT NAME

SIGNATURE

SIGNATURE

I affirm that in accordance with standards set forth in regulation and federal guidelines, all National USPAP courses offered by my school will be taught by an instructor who has been certified as a "Certified USPAP instructor" by the Appraisal Qualifications Board of the Appraisal Foundation and who, in addition, is either a certified residential real estate appraiser or a certified general real estate appraiser.

SIGNATURE OF COORDINATOR

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BUSINESS PHONE NUMBER

DATE

E-MAIL ADDRESS (if any)

FOR OFFICE USE ONLY EFFECTIVE DATE: ___ / ___ / ___ EXPIRATION DATE: ___ / ___ / ___ ENTERED: ___ / ___ / ___ BY: _____ LABEL []

FEE RECEIVED: _____ TO REVENUE: ___ / ___ / ___ APPROVAL MAILED: ___ / ___ / ___ RECEIPT #: _____

A fee of \$20 fee will be charged for any check returned by a bank for insufficient funds.