STATE OF NEW JERSEY
DIVISION OF CONSUMER AFFAIRS
State Real Estate Appraisers Board
P.O. Box 45032
Newark NJ 07101

Request form for Letter of Good Standing

Please Print in Ink or Type.

Date:_____/_____/_____

Name: _____
Last First Middle Initial

License Number: 42RA_____ 42RC_____ 42RG_____

Address:_____

City:_____State:_____ Zip Code:_____

Phone Number:_____ Fax Number: _____

State to receive Letter of Good Standing: _____

Comments:_____

_____

Fee $40.00 per letter

Check or money order made payable to: NJ Real Estate Appraisers Board

All original Letter of Good Standings are sent directly to receiving state.

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DO NOT WRITE BELOW THIS LINE

Date received:____/_____/_____ Fee enclosed: $_____

Check #:_____ MO#:_____

Date reviewed and approved:_____ Date Issued:_____Date Mailed:____/____/____