New Jersey Office of the Attorney General
Division of Consumer Affairs
State Real Estate Appraiser Board
124 Halsey Street, 3rd Floor, P.O. Box 45032
Newark, New Jersey 07101
(973) 504-6480

Application for Licensure or Certification as a Real Estate Appraiser by Reciprocity or Endorsement

Instructions

Since all state appraiser licensing and certification programs are required to meet the minimum standards of the Appraiser Qualifications Board, it is the policy of this Board to accept candidates who have obtained approval of any issuing state as meeting New Jersey's criteria for licensing or certification.

Candidates for licensure must submit:

- A completed application with the licensing fee
- A check or money order payable to the State Real Estate Appraiser Board
- A Certification and Authorization form for a Criminal History Background Check.

The application package should be sent directly to:

New Jersey State Real Estate Appraiser Board
P.O. Box 45032
Newark, New Jersey 07101

Remit the balance of your biennial licensing or certification fee, as follows:

	Licensed Residential	**Certified Residential**	**Certified General**
Application Fee	$75.00	$75.00	$75.00
Biennial Registration Fee *(2nd year of biennial period)*	$550.00 *$275.00*	$550.00 *$275.00*	$550.00 *$275.00*
One Time Credentialing Fee	$125.00	$125.00	$125.00
Biennial Federal Surcharge *(2nd year of biennial period)*	$80.00 *$40.00*	$80.00 *$40.00*	$80.00 *$40.00*
Total to submit with application	**$830.00**	**$830.00**	**$830.00**
Total to submit with application ***(2nd year of biennial period)***	***$515.00***	***$515.00***	***$515.00***

All licensees are required to meet continuing education requirements for renewal. Fees should be made payable to the New Jersey State Real Estate Appraiser Board. **Check or money orders only.**

New Jersey Office of the Attorney General
Division of Consumer Affairs
State Real Estate Appraiser Board
124 Halsey Street, 3rd Floor, P.O. Box 45032
Newark, New Jersey 07101
(973) 504-6480

Dear Applicant/Licensee:

Pursuant to N.J.S.A. 45:1F-1 et seq., all applicants for appraiser trainee permits, and applicants for licensure/ certification as a real estate appraiser, must first submit to a **Criminal History Background Check**.

**** Do not submit $20.25 Fee ****

Complete the Certification and Authorization form and return it along with your completed application to the State Real Estate Appraiser Board, P.O. Box 45032, Newark, NJ 07101.

The Board will mail you the instructions regarding how to provide a copy of your fingerprints. **The Board will mail these instructions once it has received the Certification and Authorization form, your application and the licensing fee.**

If you have any questions regarding the Criminal History Background Check, please contact:

Criminal History Review Unit
P.O. Box 186
Trenton, NJ 08625
(609) 826-7184

Other questions related to your permit, licensure or certification should be directed to the State Real Estate Appraiser Board at (973) 504-6480.

Attach a clear, full-face passport-style photograph (2″x 2″) of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.

New Jersey Office of the Attorney General
Division of Consumer Affairs
State Real Estate Appraiser Board
124 Halsey Street, 3rd Floor, P.O. Box 45032
Newark, New Jersey 07101
(973) 504-6480

For Office Use Only

Date received _____

Fee_____ State_____

Letter of Good Standing _____

Nonresident Consent_____

Date approved _____

Application for Licensure or Certification as a Real Estate Appraiser by Reciprocity or Endorsement

Date: _____

A nonrefundable application filing fee of $75.00, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the application process for reciprocal or endorsed licensure or certification will be delayed until the fee is paid.)

The Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
   Last name First name Middle initial Maiden name

2. Address

   ☐ Home: _____
   Street or P.O. Box City State ZIP code County

   _____ _____
   Telephone number (include area code) E-mail address

   ☐ Business or Employer: _____
   Name of company or employer Telephone number (include area code)

   _____
   Street City State ZIP code County

   ☐ Mailing: _____
   Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** disclose your Social Security number to the Board or Committee. Failure to do so may result in denial/nonrenewal of reciprocal or endorsed licensure or certification.

*Social Security Number: _____- _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and

b. the Probation Division or any other agency responsible for child support enforcement, upon request.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a reciprocal or endorsed license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

a. Do you currently have a child-support obligation? ☐ Yes ☐ No

(1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No

(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No

b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No

c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No

d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of reciprocal or endorsed licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of reciprocal or endorsed licensure or certification.

_____	_____	_____
Applicant's name (please print)	Applicant's signature	Date

7. Medical Conditions Questions

Questions 18 through 23 pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

"Ability to practice as a real estate appraiser" is to be construed to include all of the following:

a. The cognitive capacity to exercise the reasonable judgments of a real estate appraiser and to learn and keep abreast of professional developments; and

b. The ability to communicate those judgments and related information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and

c. The physical capability to perform the duties of a real estate appraiser, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

"Chemical substance" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the previous two years.

"Illegal use of controlled dangerous substance" means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

a. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No

b. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ☐ Yes ☐ No ☐ Not applicable

c. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable

d. Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable

e. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No

f. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that "currently" is defined as "within the last two years.") ☐ Yes ☐ No

If you answered "Yes" to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board or Committee will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for reciprocal or endorsed licensure or certification.

_____ Signature of applicant

_____ Date

8. Have you ever changed your name? ☐ Yes ☐ No

   If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.

9. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

10. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

    If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

11. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

    If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please proivde that name. _____

    Last name First name Middle initial

Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit	Date issued/expired

12. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

15. Have you ever been named as a defendant in any litigation related to the practice of real estate appraisal or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

16. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

17. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

18. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of real estate appraisal or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

    If the answer to any of the above questions, numbers 12 through 18, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

19. What type of licensure or certification are you applying for? (Check one.)

    ☐ Certification as a General Real Estate Appraiser

    ☐ Certification as a Residential Real Estate Appraiser

    ☐ Licensed Residential Real Estate Appraiser

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

I, _____ , in making this application to the State Real Estate Appraiser Board for real estate appraiser licensure or certification via reciprocity or endorsement under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Real Estate Appraiser Board, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny reciprocal or endorsed licensure or certification or to withhold renewal of or suspend or revoke a reciprocal or endorsed license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:14F-1 et seq., together with the Rules and Regulations of the State Real Estate Appraiser Board, N.J.A.C. 13:40A-1.1 et seq., and fully understand that in receiving reciprocal or endorsed licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for reciprocal or endorsed licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

_____
Signature of applicant

Sworn and subscribed to before me this _____

day of _____ , _____
Month Year

Affix seal here

_____
Name of Notary Public (please print)

_____
Signature of Notary Public

Applicants for Licensure/Certification as a Real Estate Appraiser

(Nonresident Consent)

In accordance with N.J.A.C. 13:40A, this part is to be completed by all **nonresident** applicants who are applying for licensure or certification as a real estate appraiser in the State of New Jersey.

Name _____
First Middle Last

Residence address _____
Street address

_____
City State ZIP code

_____ _____
Telephone number (include area code) County

Business name _____

Business address _____
Street address

_____
City State ZIP code

_____ _____
Telephone number (include area code) County

Date of birth _____
Month Day Year

I do hereby consent that suits and actions arising out of any of my appraisal work in New Jersey may be commenced against me in a court of competent jurisdiction of any county of New Jersey in which the cause of action arose or in which the plaintiff resides, by the service of legal process on the State Real Estate Appraiser Board. I agree that such service on the State Real Estate Appraiser Board shall be acknowledged in all courts to be valid and binding as if personal service of process had been made upon me. In case any process herein mentioned is served upon the State Real Estate Appraiser Board, it shall be its duty to forward a copy of the process by registered mail to my last known address.

_____
Signature of applicant

Sworn and subscribed to before me this _____

day of _____ , _____

Affix seal here

_____
Name of Notary Public (please print)

_____
Signature of Notary Public

Official Use Only
☐ Dual License
License Type 1
_____
Applicant's Number
_____
License Type 2
_____
Applicant's Number
_____

New Jersey Office of the Attorney General
Division of Consumer Affairs
State Real Estate Appraiser Board
P.O. Box 45032
Newark, New Jersey 07101
(973) 504-6480

Official Use Only
☐ Resubmit
_____
Board or Committee
_____

Certification and Authorization Form For a Criminal History Background Check

Directions: Answer all of the questions on this form.

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
   Last First Middle Maiden Name

2. Address _____
   Street or P.O. Box City State ZIP code

3. Date of birth __ __ /__ __ /__ __ Sex: ☐ Male ☐ Female
   Month Day Year

4. Social Security number _____/ _____ / _____

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? ☐ Yes ☐ No
   If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history background process. Please send no payment now.
   If "Yes," please provide the following information and follow the instructions outlined below:

   _____ _____
   Board or committee requiring the fingerprinting Month and year you were fingerprinted

   If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is $20.25.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes ☐ No

   Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

   Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

   Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➡

Certification

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

_____ Signature of applicant

_____ Date

Restricted Zip Codes

As of 4/25/2008

New York

Bronx

10451	10455	10459	10463	10467	10471	10475
10452	10456	10460	10464	10468	10472	10499
10453	10457	10461	10465	10469	10473	
10454	10458	10462	10466	10470	10474	

Brooklyn

11201	11209	11217	11225	11234	11242	11252
11202	11210	11218	11226	11235	11243	11254
11203	11211	11219	11228	11236	11244	11255
11204	11212	11220	11229	11237	11245	11256
11205	11213	11221	11230	11238	11247	
11206	11214	11222	11231	11239	11248	
11207	11215	11223	11232	11240	11249	
11208	11216	11224	11233	11241	11251	

Manhattan

10001	10024	10048	10108	10132	10169	10257
10002	10025	10055	10109	10133	10170	10258
10003	10026	10060	10110	10138	10171	10259
10004	10027	10069	10111	10149	10172	10260
10005	10028	10072	10112	10150	10173	10261
10006	10029	10079	10113	10151	10174	10265
10007	10030	10080	10114	10152	10175	10268
10008	10031	10081	10115	10153	10176	10269
10009	10032	10082	10116	10154	10177	10270
10010	10033	10087	10117	10155	10178	10271
10011	10034	10090	10118	10156	10179	10272
10012	10035	10094	10119	10157	10184	10273
10013	10036	10095	10120	10158	10185	10274
10014	10037	10096	10121	10159	10196	10275
10015	10038	10098	10122	10160	10197	10276
10016	10039	10099	10123	10161	10199	10277
10017	10040	10101	10124	10162	10203	10278
10018	10041	10102	10125	10163	10211	10279
10019	10043	10103	10126	10164	10212	10280
10020	10044	10104	10128	10165	10213	10281
10021	10045	10105	10129	10166	10242	
10022	10046	10106	10130	10167	10249	
10023	10047	10107	10131	10168	10256	

Restricted Zip Codes

As of 4/25/2008

Queens County

11001	11101	11356	11368	11381	11418	11430	11691
11002	11102	11357	11369	11385	11419	11431	11692
11003	11103	11358	11370	11386	11420	11432	11693
11004	11104	11359	11371	11390	11421	11433	11694
11005	11105	11360	11372	11405	11422	11434	11695
11040	11106	11361	11373	11411	11423	11435	11697
11041	11109	11362	11374	11412	11424	11436	
11042	11120	11363	11375	11413	11425	11439	
11043	11351	11364	11377	11414	11426	11451	
11044	11352	11365	11378	11415	11427	11499	
11096	11354	11366	11379	11416	11428	11637	
11099	11355	11367	11380	11417	11429	11690	

Staten Island

10301	10303	10305	10307	10309	10311	10313
10302	10304	10306	10308	10310	10312	10314

Other Towns along the New Jersey Border

10522	10595	10607	10805	10952	10974	10998
10538	10601	10610	10901	10954	10975	12729
10543	10602	10706	10912	10956	10981	12746
10552	10603	10801	10913	10959	10987	12771
10553	10604	10802	10920	10969	10988	12785
10583	10605	10803	10921	10970	10989	19052
10591	10606	10804	10933	10973	10990	

Restricted Zip Codes

As of 4/25/2008

Pennsylvania

Philadelphia

19019	19109	19123	19136	19149	19173	19191
19059	19110	19124	19137	19150	19175	19192
19092	19111	19125	19138	19151	19176	19193
19093	19112	19126	19139	19152	19177	19194
19099	19113	19127	19140	19153	19178	19195
19101	19114	19128	19141	19154	19179	19196
19102	19115	19129	19142	19155	19181	19197
19103	19116	19130	19143	19160	19182	19244
19104	19118	19131	19144	19161	19183	19255
19105	19119	19132	19145	19162	19184	
19106	19120	19133	19146	19170	19185	
19107	19121	19134	19147	19171	19187	
19108	19122	19135	19148	19172	19188	

Other Towns along the New Jersey Border

10810	18063	18341	18920	18953	19022	19057
18013	18064	18343	18921	18954	19023	19059
18015	18072	18351	18923	18955	19029	19061
18016	18077	18356	18925	18956	19030	19063
18017	18081	18360	18926	18966	19037	19064
18018	18083	18371	18930	18972	19039	19065
18020	18085	18373	18931	18977	19040	19067
18025	18091	18901	18933	18980	19046	19072
18039	18301	**18902**	18934	19007	19047	19076
18040	**18302**	18910	18938	19008	19048	19082
18042	18320	18911	18940	19009	19049	19086
18043	18324	18912	18942	19013	19050	19090
18044	18327	18913	18943	19014	19053	19091
18045	18332	18914	18946	19015	19054	19331
18050	18335	18916	18947	19016	19055	19339
18055	18340	18917	18949	19017	19056	19340