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

Trainee Appraiser Permit Application Checklist

Information listed below must be submitted with the Trainee Appraiser Permit Application in order to be processed.

- ☐ 2" x 2" photo: Taken within the past six (6) months.
- ☐ $100.00 trainee permit fee: Check or money order made payable to: New Jersey State Real Estate Appraiser Board.
- ☐ Certification of Supervisor form: Must be signed and notarized.
- ☐ Education: Course completion certificates (Total of 75 classroom hours completed within five (5) years.)
- ☐ Appraiser Qualifications Board (AQB) Course-Tracking Worksheet.
- ☐ Non-resident consent form: Only submit if applicant does not reside in N.J.
- ☐ Certification and Authorization form for a Criminal History Background Check.
- ☐ Certificate of Completion of the Trainee/Supervisor Course: Course required for both Trainee and Supervising Appraiser to complete.

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Trainee Appraiser Permit Application Instructions

Note: Please review the enclosed copy of Board regulations governing the Trainee Appraiser Permit Program (N.J.A.C. 13:40A-4).

1. Please type or print clearly. Your application must be signed and notarized in order to be processed.
2. Each question must be completed in its entirety. Questions not applicable should be so indicated by entering "N/A." If additional space is required for any of the questions, attach additional pages using the same format as the space provided.
3. Applicants are required to submit all education course completion certificates and the Appraiser Qualifications Board (AQB) Course-Tracking worksheet listed in conjunction with this application.
4. Incomplete applications will be returned to you and delay consideration of your application and the issuance of your trainee permit. Make sure to include the $100.00 annual trainee permit fee with your application. Remittance must be in the form of a check or money order made payable to "New Jersey State Real Estate Appraiser Board."
5. The application form must include a designation of the certified individual who will agree to serve as your "supervising appraiser." Regulations require that this individual acknowledge this responsibility in writing by completing the Certification of Supervising Appraiser form.
6. As of January 1, 2015, prior to submitting an application for trainee appraiser, both the trainee appraiser and supervisory appraiser are required to complete the Trainee/Supervisor Course. A Certificate of Completion of the course must be attached with the application for both the trainee appraiser and the supervisory appraiser, as well as for any subsequent supervisory appraisers obtained.
7. Regulations also require that you notify the Board in writing, within seven (7) days in the event that a designated "supervising appraiser" ceases to agree to perform this function on your behalf. A trainee appraiser is permitted a maximum of three (3) supervisors, each of whom must be identified to this Board. Please also note that Board regulations require that the supervisor(s) supply you with a copy of any appraisal report in which you participate.

   Note: You must return your permit within 30 days in the event you no longer have direct supervision.
8. The trainee shall maintain a log on the forms supplied by the Board. These forms may be reproduced. The log will be used to record work performed by the trainee toward the fulfilling of the experience requirement for licensure or certification. The supervising appraiser is required to sign off on log entries at least monthly. Trainees must maintain a separate log for each individual designated as a "supervising appraiser."
9. The trainee shall ensure that the log is available at all times for the Board's inspection.
10. Upon renewal, trainees will be required to submit the log for the Board's review. Trainees should be sure that they put a check in the appropriate boxes to indicate their level of participation in the appraisals listed in the log.
11. When performing appraisal assignments, trainees are required to carry the wallet card issued by the Board that indicates their permit number.

Any questions regarding the trainee program should be directed to the Board office at 973-504-6480.

"TRAINEE" COURSE TRACKING WORKSHEET

Gray Shaded Boxes = Required Core Curriculum Modules Effective 1/1/2008
Boxes without shading = Subtopics within Required Core Curriculum

TRAINEE

Core Curriculum Content	Hours Required	Hours Completed	Information on Course(s) Completed		
BASIC APPRAISAL PRINCIPLES	**30**		**Course Name**	**Provider**	**Date Completed**
Real Property Concepts and Characteristics Basic Real Property Concepts Real Property Characteristics Legal Description (Physical) Legal Consideration Forms of Ownership Public and Private Controls Real Estate Contracts Leases Influences on Real Estate Values Governmental Economic Social Environmental, Geographic and Physical Types of Value Market Value Other Value Types Economic Principles Classic Economic Principles Application and Illustrations of the Economic Principles Overview of Real Estate Markets and Analysis					

"TRAINEE" COURSE TRACKING WORKSHEET

TRAINEE						
Core Curriculum Content		**Hours Required**	**Hours Completed**	**Information on Course(s) Completed**		
	Market Fundamentals, Characteristics and Definitions Supply Analysis Demand Analysis Use of Market Analysis Ethics and How They Apply in Appraisal Theory and Practice Examination					
	BASIC APPRAISAL PROCEDURES		**30**	**Course Name**	**Provider**	**Date Completed**
	Overview of Approaches to Value Valuation Procedures Defining the Problem Collecting and Selecting Data Analyzing Reconciling and Final Value Opinion Communicating the Appraisal Property Description Geographic Characteristics of the Land/Site Geologic Characteristics of the Land/Site Location and Neighborhood Characteristics Land/Site Considerations for Highest and Best Use Improvement - Architectural Styles and Types of Construction Residential Applications					

"TRAINEE" COURSE TRACKING WORKSHEET

TRAINEE						
Core Curriculum Content		**Hours Required**	**Hours Completed**	**Information on Course(s) Completed**		
	Examination					
	THE 15-HOUR NATIONAL USPAP COURSE OR ITS EQUIVALENT	**15**		**Course Name**	**Provider**	**Date Completed**
	Preamble and Ethics Rules Standard 1 Standard 2 Standards 3 to 10 Statements and Advisory Opinions Examination					
	TRAINEE TOTAL HOURS REQUIRED	**75**				

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P.O. Box 45032, Newark, NJ 07101
(973) 504-6480

Dear Trainee Permit Applicant:

Please have your supervising appraiser complete the attached supervisor certification.

The enclosed Evaluation Certification form, Competency Certification form and Trainee

Assistance form are provided for your supervisor to complete as required.

Should you have any questions, please feel free to contact this office at (973) 504-6480.

Very truly yours,
State Real Estate Appraisers Board

Enclosure

CERTIFICATION OF SUPERVISING APPRAISER

Trainee Name: _____

The individual above has applied for a Trainee Appraiser Permit and designated you as a SUPERVISING APPRAISER pursuant to N.J.A.C. 13:40A-4.6. Board regulations require that you acknowledge this responsibility in writing; the full text of those regulations is listed below.

§ 13:40A-4.6 Responsibilities of supervising appraiser

(a) Any individual designated as a "supervising appraiser" by the holder of a trainee permit shall acknowledge in writing to the Board that he or she agrees to perform all responsibilities set forth in (f) below.

(b) Supervising appraisers shall be in good standing with the Board and shall not have been subject to any disciplinary action, including revocation, suspension, or stayed suspension, by the Board, within the last three years from the beginning of the supervision.

© No appraiser shall serve as a supervising appraiser until he or she has been a licensee of the Board for at least two years.

(d) Beginning on January 1, 2008, licensed real estate appraisers shall no longer be approved to serve as supervising appraisers. Beginning on February 5, 2007, the Board will no longer accept applications by trainees who seek approval of a licensed real estate appraiser as a supervising appraiser.

(e) Beginning on January 1, 2008, only those individuals who are certified by the Board as either a State certified general real estate appraiser or a State certified residential real estate appraiser shall be a supervising appraiser.

(f) A supervising appraiser shall have the following duties and responsibilities:

1. The supervising appraiser shall at all times be responsible for and provide direct supervision of the work performed by the trainee. For purposes of this section, "direct supervision" means:

I. To personally review the work product of the trainee;

ii. To approve, sign, and accept responsibility for each appraisal report including work product prepared by the trainee or in which the trainee has made a professional contribution and to sign all such reports and certify that all such reports have been independently and impartially prepared in compliance with the Uniform Standards of Professional Appraisal Practice, these rules and applicable statutory standards; and

iii. To indicate, within the certification section of the appraisal report, the name of the trainee providing significant real property appraisal assistance. For purposes of this subparagraph, "significant" means the exercise of appraisal knowledge and training and does not mean clerical or fact gathering tasks.

2. The supervising appraiser shall, at least once a month, sign the log required to be kept by the trainee pursuant to *N.J.A.C. 13:40A-4.7* and shall set forth thereon his or her license or certification number.

3. The supervising appraiser shall provide the trainee with a copy of any final appraisal report in which the trainee's work product has been utilized or in which the trainee made a professional contribution.

4. The supervising appraiser shall immediately notify the Board and his or her trainee(s), in writing, in the event that he or she ceases to perform or is unable to perform the responsibilities set forth in this section.

5. A supervising appraiser shall not supervise more than three trainees at one time;

6. The supervising appraiser shall personally inspect, with the trainee, the interior and exterior of each appraised property until the supervising appraiser determines that the trainee is competent in accordance with the Competency Rule of the Uniform Standards of Professional Appraisal Practice. Upon making the determination of competency, the supervising appraiser shall request a competency certification form from the Board. The supervising appraiser shall submit, to the Board, within 30 days of receipt of the competency certification form, the certification that the trainee is competent to perform property inspections independently. Examples of competency include, but are not limited to, properly identifying the problem to be addressed, being familiar with a specific type of property, market, geographic area, or analytical method.

7. The supervising appraiser shall prepare and furnish a signed statement describing the nature and extent of the assistance rendered to each trainee who provided services on an appraisal assignment. This statement shall be placed in the work file of the appraisal assignment.

8. Upon the termination of the supervising appraiser and the trainee relationship, the supervising appraiser shall request an evaluation certification form from the Board. The supervising appraiser shall submit, to the Board, within 30 days of receipt of the evaluation certification form, the certification evaluating the activities performed by his or her trainee.

9. Failure to comply with this section may be deemed professional misconduct.

You are also reminded of your responsibilities under Uniform Standards of Professional Appraisal Practice standards rule 2-5, "An appraiser who signs a real property appraisal report prepared by another, even under the label of 'review appraiser', must accept full responsibility for the contents of the report."

Pursuant to all applicable laws and regulations of the New Jersey Board of Real Estate Appraisers, I hereby accept designation as a Supervising Appraiser for the above-captioned trainee in his/her capacity as holder of a Trainee Permit issued by the Board of Real Estate Appraisers. I have read and understand my responsibilities under these rules and the Uniform Standards of Professional Appraisal Practice.

_____ _____
(Name of Appraiser) (License/Certification Number)

_____
(Signature of Appraiser)

Sworn and subscribed to before me this _____ day of _____, 20____

_____
(Name of Notary Public)

AFFIX

_____
(Signature of Notary Public)

SEAL HERE

My commission expires: _____

County _____ State_____

EVALUATION CERTIFICATION FORM

I, (_____) have been a designated supervisor of (_____)
Name of supervisor Name of trainee
(_____). The termination of the supervising appraiser and trainee relationship was
trainee permit number

effective on (___/___/___). Pursuant to N.J.A.C. 13:40A-4.6(8) this certification is an evaluation of the
date
activities performed by the trainee.

	Satisfactory	Unsatisfactory	Not Applicable/Comments
Understands USAP Goals			
Identifying Scope of Work Required			
Research of Subject Property			
Relevant Characteristics			
Sales History			
Contract of Sale (when applicable)			
Survey/Tax Map			
Applicable Zoning			
Cost Approach			
Building Costs			
Age/Life Factors			
Contribution of the Land			
Sources of Depreciation			
Sales Comparison Approach			
Identification of Neighborhood			
Location Variables			
Selection of Comparable Properties			
Market Conditions/Financing Factors			
Gross Rent Multipliers			
Acceptable Adjustment Methodology			
Income Approach			
Lease Agreements/Market Rent			
Development of Net Operating Income			
Capitalization Rates/Methodology			
Reconciliation			
Competent Analysis of Data Collection			
Ability to Express Analysis			
Certification Requirements			
Record Keeping			
Understands USPAP Requirements			

Signature of Supervisor:_____ Date: _____

NEW JERSEY STATE BOARD OF REAL ESTATE APPRAISERS
COMPETENCY CERTIFICATION FORM

Pursuant to ***N.J.A.C 13:40A-4.6 (6)*** the supervising appraiser shall submit, to the Board, within 30 days of the receipt of the competency certification form, the certification that the trainee is competent to perform property inspections independently.

I, _____ have been a designated supervisor of _____
Name of supervisor Name of Trainee

_____ . I have personally inspected the interior and exterior of _____
Trainee Number Number of properties

appraised with the aforementioned trainee and I have determined that the trainee is competent in accordance with the Competency Rule of the Uniform Standards of Professional Appraisal Practice to perform property inspections independently. (Examples of the competency include, but are not limited to properly identifying the problem to be addressed, being familiar with a specific type of property, market, geographic area, or analytical method).

_____ _____
Name of Supervisor (Print) Certification Number

_____ _____
Signature of Supervisor Date

NEW JERSEY BOARD OF REAL ESTATE APPRAISERS

TRAINEE NAME:_____

TRAINEE PERMIT NO.:_____

CHECK A LL THAT APPLY

Appraisal Date	Location & Address of Appraised Property	City and State of Appraised Property	Name of Client	Type of Property Appraised	Intent Use of The Appr. Report	I. Land / Site Inspection & Descriptions	II. Building Inspection & Descriptions	III. Neighborhood Description & Analysis	IV. Highest & Best Use Analysis	V. Research & Analysis of Comparable Sales	VI. Cost Analysis	VII. Income Analysis	VIII. Sales Adjustment Analysis	IX. Correction / Reconciliation Of Data- Final Value
1/1/0000	000 Halsey Street	Newark, NJ	Appraisal Bank	Multi Family	Purchase	✓	✓	✓	✓	✓	✓	✓	✓	✓

Check the appropriate boxes to describe the nature and extent of the assistance rendered by each trainee who provided services on the appraisal assignment.

Pursuant t o N.J.A.C. 13:40A-4.6(7) this signed statement shall be placed in the work file of the appraisal assignment.

Supervisor Signature:_____Certification Number:_____Date:_____

Supervisor Name: (PRINT)_____

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.

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For Office Use Only

Date received _____

Fee _____ Educ. _____

App. educ. _____ U.S.P.A.P. _____

Char. _____ Exp. _____

Date approved _____

Trainee Appraiser Permit Application

Date: _____

Nonrefundable application fee (check or money order)
Trainee permit fee $100

A nonrefundable application filing fee (see fee list to the right), 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 license or certification will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include 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 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 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 may result in a denial of 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 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 trainee" is to be construed to include all of the following:

a. The cognitive capacity to exercise the reasonable judgments of a real estate appraiser trainee 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 trainee, 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 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, certificate or permit 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, certificate or permit 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, certificate or permit 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, certificate or permit 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 training 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, certificate or permit 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 training 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.

High School Education

I was graduated from _____
School name

_____ in _____ , _____.
City and State Month Year

Undergraduate Education

List in chronological order any college, university or institution of higher learning that you have attended.

Months and Years	Name of institution	Degree (if any)
_____ / _____ to _____ /_____	_____	_____
_____ / _____ to _____ /_____	_____	_____
_____ / _____ to _____ /_____	_____	_____
_____ / _____ to _____ /_____	_____	_____

Postgraduate Education

List in chronological order any college, university or institution of higher learning that you have attended.

Months and Years	Name of institution	Degree (if any)
_____ / _____ to _____ /_____	_____	_____
_____ / _____ to _____ /_____	_____	_____
_____ / _____ to _____ /_____	_____	_____
_____ / _____ to _____ /_____	_____	_____

Uniform Standards of Professional Appraisal Practice Course (U.S.P.A.P.)

The 15-hour National U.S.P.A.P. course must be completed within 60 months prior to the filing of the application. List the course here and under "Appraisal Education" on the next page. (Please attach any supporting documentation to this application.)

Course title	Provider or course sponsor	Date completed	Course hours	Classroom hours
_____	_____	_____	_____	_____

Appraisal Education

List all of the appraisal qualifying education courses that you have successfully completed which consisted of at least 15 classroom hours and included an examination. Attach all course completion certificates to this application. Courses will not be considered without proper documentation. (Use additional sheets of paper if necessary.)

Course title	Provider or course sponsor	Date completed	Course hours	Classroom hours

Supervising Appraiser

The following New Jersey certified appraiser(s) has/have agreed to be designated as a "supervising appraiser" for the purposes of this program.

Note: Trainees are required to notify the Board office of the names of all of their supervisors.

1. _____

Name of appraiser License/Certificate number Telephone number (include area code)

_____

Street address City State ZIP code

2. _____

Name of appraiser License/Certificate number Telephone number (include area code)

_____

Street address City State ZIP code

Supervising Appraiser (continued)

3. _____

Name of appraiser | License/Certificate number | Telephone number (include area code)

_____

Street address | City | State | ZIP code

4. _____

Name of appraiser | License/Certificate number | Telephone number (include area code)

_____

Street address | City | State | ZIP code

5. _____

Name of appraiser | License/Certificate number | Telephone number (include area code)

_____

Street address | City | State | ZIP code

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 a permit, license or certificate to practice as a real estate appraiser 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 a permit, license or certificate or to withhold renewal of or suspend or revoke a permit, 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 a permit, license or certificate 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 a permit, license or certificate. 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

_____
Name of Notary Public (please print)

_____
Signature of Notary Public

Affix seal here

A. ACCEPTABLE PROFESSIONAL ORGANIZATIONS

Appraisal Institute
550 W. Van Buren Street
Suite 1000
Chicago IL 60607
Phone: (312) 355-4100
Fax: (312) 355-4400
www.appraisalinstitute.org

American Society of Farm Managers and Rural Appraisers
950 South Cherry Street - Ste 508
Denver CO 80246
Phone: (303) 692-1222
Fax: (303) 758-0190
E-mail: dilk@asfmra.org
www.asfmra.org

National Association of Independent Fee Appraisers
401 North Michigan Avenue, Ste 2200
Chicago IL 60611
e-mail: info@naifa.com
www.naifa.com

The American Society of Appraisers
(*Northern NJ Chapter*) Chapter #73
President: Rafino Fernandez
354 Eisenhower Parkway
Phone: (312) 321-6830
Livingston NJ 07039
Fax: (312) 673-6652
Phone: (201) 866-8101
Phone #2: (800) 272-8258
Fax: (201) 956-6268
http://www.asanj.com

International Association of Assessing Officers
130 East Randolph - Ste 850
Chicago IL 60601
Phone: (312) 819-6100
Fax: (312) 819-6149

International Right of Way Association
13650 S. Gramercy Place
Gardena CA 90249-2453
Phone: (310) 538-0233
Fax: (310) 538-1471

American Association of Certified Appraisers
800 Compton Road - Ste 10
Cincinnati OH 45231
Phone: (513) 729-1400

Ben Henson
Executive Director
Appraisal Sub Committee
2000 K Street, NW, Suite 310
Washington DC 20006

David Bunton
Appraisal Foundation
1029 Vermont Avenue, N.W.
Washington , DC 20005

American Society of Appraisers
(*Northern NJ Chapter*)
Ex. Dir. Stacey Klein
5-15 Elizabeth Street
Fair Lawn NJ 07410

B. ACCEPTABLE EDUCATIONAL PROGRAMS AT COLLEGES/UNIVERSITIES

Bergen Community College
400 Paramus Road
Paramus NJ 07652
Phone: (201) 447-7100
http://www.go.bergen.edu

Fairleigh Dickinson University
1000 River Road
Teaneck NJ 07666
Phone: (201) 692-2000
www.fdu.edu

Mercer County Community College
P.O. Box B
Trenton NJ 08690
Phone:(609) 586-4800
www.mccc.edu

American School of Business
194-198 Route 46 East
Fairfield NJ 07004-2398
Phone: (973) 244-0333
Fax: (973) 244-0246
www.americanschoolnj.com

Union County College
1033 Springfield Avenue
Cranford NJ 07016
Phone: (908) 709-7000
www.ucc.edu

Business Learning Center
184 Rt 35
Cliffwood Beach NJ 07735
Phone:(732) 290-9269
Phone: #2 1-800-769-9167
E-mail: georgeyager@ptonline.net

The Chicopee Group
1579 Thalia Street
Youngstown OH 44514
Phone: (800) 644-3754

Thompson CompuTaught, Inc. d.b.a. Web School
Cumberland Center II
3100 Cumberland Blvd. - Suite 1450
Atlanta, GA 30339
Phone: (800) 532-7649
Fax: (770) 919-9979
www.careerwebschool.com

Professional School of Business
22 East Willow Street
Millburn NJ 07041
Phone: (973) 564-8686
Fax: (973) 564-8982
www.proschool.com

Rutgers University, Connie Burke
Center of Government Services
33 Livingston Ave - Ste 200
New Brunswick NJ 08901
Phone: (732) 932-3640 ext. 627

National Residential Appraisers Institute
2001 Cooper Foster Park Rd.
Amherst OH 44001
Phone: (440) 282-7925

North Jersey School of Real Estate
212 Durham Avenue
Metuchen NJ 08840
Phone: (732) 548-0603
Fax: (732) 548-0787

Renwick & Associates
Valuation Solutions
104 E. Main Street
Maple Shade NJ 08052
Phone: (856) 779-7050
www.renwickandassociates.com

C. ACCEPTABLE EDUCATIONAL PROGRAMS CONT'D

Kovats School of Real Estate
230 West Passaic Street
Maywood NJ 07607
Phone: (201) 843-7277
Fax: (202) 843-0715
www.kovatsschool.com

School of Real Estate Appraising
62 North Chapel Street, Suite #6
Newark DE 19711
Phone: (302) 368-2855
Fax : (302) 368-0992
E-mail: Eloomis@usaschool.net

McKissock Data Systems
PO Box 1673
Warren PA 16365
Phone: (800) 328-2008
www.mcKissock.com

The Real Estate School of Central NJ
1734 Oak Tree Road
Edison NJ 08820
Phone: (732) 548-0603

Appraisal Training Division / N. L. C.
473 Centre Street
Nutley NJ 07110
Phone:(973) 542-0248
Fax:(973-542-0247
www.pglappraisals.com

New Jersey Real Estate Commission
Department of Banking & Insurance
20 West State Street
P.O. Box 328
Trenton NJ 08625-0328
Phone: (609) 292-7053
www.njdovi.org

Department of Housing and Urban Development
Jerry Glavy-Director
100 Penn Square East
Philadelphia PA 19107

South Jersey Professional School of Business Inc. and the Insurance School
331 Tilton Road, Suite #4,Tilton Shopping Ctr.
P.O. Box 1112
Northfield, NJ 08225
Phone: (609) 646-3170
Fax: (609) 6463336
Contact Person: Mr. Carl Davis
www.professionalbusinessschool.com

Appraisal Institute
(*Central Chapter*)
President: Bogdan Fraczkowski
26 Oleander Court
Lawrenceville NJ 08648
Phone: (609) 896- 3929

Appraisal Institute
(*Central Chapter*)
Secretary: Joan Esposito
10 Renee Court
Lawrenceville NJ 08648
Phone: (609) 844-7040

Union County School of Real Estate
Carmen Mistichelli
150 Smith Street
Elizabeth NJ 07201
Phone: (908) 354-4494

Allied Business Schools
22952 Alcalde Drive
Laguna Hills, CA 92653
Phone: (888) 501-7686
Fax: (949) 707-5579
Fax (908) 354-1298
E-mail: allied@alliedschools.com
http://www.alliedschools.com

D. ACCEPTABLE EDUCATIONAL PROGRAMS CONT'D

South Jersey Professional School of Business, Inc. and the Insurance School
331 Tilton Road, Suite
34Tilton Shopping Center
P.O. Box 1112
Northfield NJ 08225
Phone: (609) 646-3170
Fax: (609) 646-3336
http://professionalbusinessschool.com

De Fluri Institute of Real Estate & Appraisal
119 West King Street
Hillside NJ 07205
Phone: (908) 241-8008
Fax: (908) 241-8008
E-mail: deflurijr@verizon.net

E. NEW JERSEY/NORTHEAST CHAPTERS

Appraisal Institute
(*Southern NJ*)
J. Paul Bainbridge
JP Bainbridge & Associates, Inc.
300 Goshen Road
Cape May Court House, NJ 08210
Phone: (609)465-9978

Appraisal Institute
(*Southern NJ*)
Lisa Weiss
43 Crescent Hollow Drive
Sewell NJ 08080
Phone: (856) 415-0281
Fax: (856) 415-1952
www.ai-snj.org

International Association of Assessing Officers
Phone: (609) 465-1030

Camden NAIFA Chapter
442 Buttenwood Avenue
Mapleshade, NJ 08052
Phone: (609)263-5995

Appraisal Institute
(*Metro NJ Chapter*)
P. O. Box 2000
295 Pierson Avenue
Edison NJ 08818
Debra J. Miller
Executive Secretary
appraisal.institute@verizon.net
http://www.ai-newjersey.org
Executive Secretary
(732) 494-4640-Fax

Appraisal Institute
(*Metro NJ Chapter*)
Aurora Loan
Services/Lehman Brothers
230 Park Avenue
Florham Park NJ 07932
Denise Smith
President
Phone: (973) 261-1557
Fax: (973) 261-1882

The Mortgage Bankers Association of New Jersey/League of Mortgage Lenders
P.O. Box 309
Springfield NJ 07081

The New Jersey Association of Realtors
295 Pierson Avenue
Edison NJ 08818
385 Morris Avenue
Phone: (732) 494-5616

Independent Fee Appraisers
Regional Governor
Charles Blau, IFAC
55 Morris Avenue
Springfield NJ 07081
Phone: (973) 564-9001
Fax: (973) 564-9071

Independent Fee Appraisers
State Director
Louis A. Bonato, IFA
22 Mockingbird Lane
Petersburg NJ 08270
Phone: (609) 628-3340
Fax: (609) 628-2953

NEW JERSEY BOARD OF REAL ESTATE APPRAISERS

Page_____ of _____

License/Trainee Appraisal Log

CHECK ALL THAT APPLY T = Trainee Participation S= Supervisor Participation

APPLICANT NAME:_____

TRAINEE PERMIT/LICENSE NO._____

Appraisal Date	Address of Appraised Property	City and State of Appraised Property	Name of Client	Type of Property Appraised	Intended Use of Apprl Report	I. Land / Site Inspection & Descriptions		Scope of Review	II. Building Inspection & Descriptions		Scope of Review	III. Neighborhood Description & Analysis		Scope of Review	IV. Highest & Best Use Analysis		Scope of Review	V. Research & Analysis of Comparable Sales		Scope of Review	VI. COST ANALYSIS		Scope of Review	VII. Income Analysis		Scope of Review	VIII. Sales Adjustment Analysis		Scope of Review	IX. Correction / Reconciliation Of Data- Final Value		Scope of Review	Amount of Hours Claimed
						T	S	S	T	S	S	T	S	S	T	S	S	T	S	S	T	S	S	T	S	S	T	S	S	T	S	S	
1/1/0000	000 Halsey Street	Newark, NJ	Appraisal Bank	Multi Family	Purchase																												7
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/ /																																	
/ /																																	
/ /																																	
/ /																																	
/ /																																	

SUPERVISOR SIGNATURE:_____ LICENSE NUMBER:_____

SUPERVISOR NAME (PRINT):_____

Page Total _____

EFFECTIVE JANUARY 1, 2008 all experience must be on this log form only.

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 $17.50.** 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