



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 Trainee Permit Renewal (Pursuant to N.J.A.C. 13:40A-4.4)

Please print clearly.

Date _____

Permit No. _____

1. Name of applicant _____
Last name First name Middle Initial

Home address _____
Street address /Apt. No. City State ZIP code

Home phone _____ or Cell phone _____
(include area code) (include area code)

Indicate with a check if information above includes a change of: Name Address Phone No.

2. Name of Supervisor _____ License No. _____

Business address _____
Street address City State ZIP code

Business phone _____ Cell phone _____
(include area code) (include area code)

(List additional supervisors on the reverse side of this application.)

Indicate with a check whether this application is a request for a: 1st renewal 2nd renewal 3rd renewal*

3. Continuing Education ***(for trainees renewing for the third time only)**

Have you completed the required 14 hours of continuing education? Yes No

If "Yes," submit evidence of completion with this application for renewal.

Note: Renewal will not be accepted without the original log. Please keep a copy of the log for your own records.

Please be advised that pursuant to N.J.A.C. 13:40A-7.3(a)6, trainee real estate appraisers shall use the full designation "Trainee Real Estate Appraiser" followed by their permit number. **No abbreviation** shall be permitted.

I hereby certify that all of the statements made herein are true and correct.

Real Estate Appraiser Trainee's Signature

Please make check or money order payable to: State Real Estate Appraiser Board

Do not write below this line.

Date received _____

Fee \$ _____

Check No. _____

Application No. _____

Money order No. _____

Log attached: Yes No

Additional Supervisors (continued)

3. Name of Supervisor _____ License No. _____

Business address _____
Street address City State ZIP code

Business phone _____
(include area code)

Cell phone _____
(include area code)

4. Name of Supervisor _____ License No. _____

Business address _____
Street address City State ZIP code

Business phone _____
(include area code)

Cell phone _____
(include area code)

5. Name of Supervisor _____ License No. _____

Business address _____
Street address City State ZIP code

Business phone _____
(include area code)

Cell phone _____
(include area code)

6. Name of Supervisor _____ License No. _____

Business address _____
Street address City State ZIP code

Business phone _____
(include area code)

Cell phone _____
(include area code)