



STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS

P.O. Box 2649
Harrisburg, PA 17105-2649

Courier Address:
2525 North 7th Street
Harrisburg PA 17110

Telephone: 717-783-4866
Fax: 717-705-5540
E-mail: st-appraise@pa.gov
Website: www.dos.pa.gov/real

REGISTRY FOR SUPERVISOR OF LICENSED APPRAISER TRAINEE INSTRUCTIONS

Applicants should review the Real Estate Appraisers Certification Act and the Board's regulations, which may be found on the Board's website at www.dos.pa.gov/real. Applicants should also review the federal requirements for certification. The Appraiser Qualifications Board (AQB) establishes the federal minimum education, experience and examination requirements for real property appraisers and supervisory appraisers. You may review the AQB *Real Property Appraiser Qualification Criteria* at www.appraisalfoundation.org.

SUPERVISING APPRAISER

- SHALL BE PENNSYLVANIA STATE-CERTIFIED FOR A PERIOD OF AT LEAST FIVE (5) YEARS;
- **MUST BE IN GOOD STANDING IN PENNSYLVANIA;**
- CAN ONLY SUPERVISE THREE (3) LICENSED APPRAISER TRAINEES AT ONE TIME;
- CANNOT HAVE BEEN SUBJECT TO ANY DISCIPLINARY ACTION WITHIN ANY JURISDICTION WITHIN THE LAST THREE (3) YEARS THAT AFFECTS THE SUPERVISORY APPRAISER'S LEGAL ELIGIBILITY TO ENGAGE IN APPRAISAL PRACTICE, INCLUDING:
 - CANNOT HAVE ANY LIMITATION PREVENTING OR RESTRICTING AN APPRAISER FROM ENGAGING IN APPRAISAL PRACTICE UNTIL A SPECIFIED CONDITION HAS BEEN MET;
 - ANY LIMITATION PREVENTING OR RESTRICTING AN APPRAISER FROM ENGAGING IN APPRAISAL PRACTICE OF SPECIFIC PROPERTY TYPES FOR ANY DURATION OF TIME;
 - SUSPENSION OF A CERTIFIED GENERAL OR CERTIFIED RESIDENTIAL CREDENTIAL IN ANY JURISDICTION; AND
 - REVOCATION OF A CERTIFIED GENERAL OR CERTIFIED RESIDENTIAL CREDENTIAL IN ANY JURISDICTION;
- DISCIPLINARY SANCTIONS IN ANY JURISDICTION WITHIN THE LAST THREE (3) YEARS THAT **WOULD NOT** AFFECT THE SUPERVISORY APPRAISER'S LEGAL ABILITY TO ENGAGE IN APPRAISAL PRACTICE INCLUDE:
 - A MONETARY FINE OR PENALTY (WITHOUT ADDITIONAL SANCTIONS LIMITING THE APPRAISER'S LEGAL ELIGIBILITY TO ENGAGE IN APPRAISAL PRACTICE);
 - A LETTER OF WARNING OR REPRIMAND; AND
 - AN EDUCATIONAL REQUIREMENT.

REGISTRY OF SUPERVISOR OF LICENSED APPRAISER TRAINEE

THE ATTACHED "REGISTRY OF SUPERVISOR OF LICENSED APPRAISER TRAINEE" FORM MUST BE SUBMITTED PRIOR TO ACCUMULATING EXPERIENCE.

PLEASE NOTE: YOUR EXPERIENCE MAY NOT QUALIFY IF YOU FAIL TO REGISTER THE SUPERVISOR WITH THE STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS.



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REGISTRY FOR SUPERVISOR OF LICENSED APPRAISER TRAINEE

LICENSED APPRAISER TRAINEE EXPERIENCE WILL **NOT BE ACCEPTED** IF YOU HAVE NOT SUBMITTED THIS FORM.

SECTION 1: LICENSED APPRAISER TRAINEE INFORMATION (COMPLETED BY TRAINEE AND REVIEWED BY SUPERVISOR)

Name of Licensed Appraiser Trainee/Applicant:	
License number of Licensed Appraiser Trainee (If previously issued a license in Pennsylvania):	
Mailing Address of Licensed Appraiser Trainee/Applicant:	STREET
	CITY STATE ZIP
Mailing Address of Supervisory Appraiser:	STREET
	CITY STATE ZIP
Personal Information:	EMAIL ADDRESS: _____
	TELEPHONE NUMBER: _____

VERIFICATION OF LICENSED APPRAISER TRAINEE

I verify that the contents of Section 1 of this registration form are true and correct and the statements made herein are subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Signature _____ Date _____

**SECTION 2: SUPERVISOR INFORMATION
(TO BE COMPLETED BY SUPERVISOR)**

Name of Supervising Appraiser: (Certified General or Certified Residential Appraiser <u>Only</u>)	
Certificate Number of Supervisory Appraiser:	
List state(s) of certification for the previous five (5) years	
Have you been a Pennsylvania certified real estate appraiser for at least five years immediately preceding this application?	YES _____ NO _____
Are you currently in good standing in Pennsylvania?	YES _____ NO _____
Have you received from the Board or any jurisdiction any disciplinary action that affects or affected your legal eligibility to engage in appraisal practice within three years immediately preceding this application?	YES _____ NO _____
Mailing Address of Supervisory Appraiser:	
	STREET
	CITY STATE ZIP
Street Address, if different from mailing address:	
	STREET
	CITY STATE ZIP
Personal Information:	Email address: _____ Telephone Number: _____
Commencement Date of Supervision of Licensed Appraiser Trainee registered in Section 1 (If previously licensed in Pennsylvania):	
Will Licensed Appraiser Trainee be located in your office?	YES _____ NO _____ If no, list distance between yourself and trainee: If distance is further than 50 miles, describe how you intend to supervisor the work of the trainee:

**SECTION 2 CONTINUED: SUPERVISOR INFORMATION
(TO BE COMPLETED BY SUPERVISOR)**

<p>Have you taken the Supervisory Appraisers and Trainee Appraisers course?</p> <p>You must submit a copy of the course certification.</p>	<p align="center">YES _____ NO _____</p>	
<p>Name and license number of All Trainees Currently Supervised by Supervisory Appraiser:</p>	<p align="center"><u>NAME:</u></p> <p>1.</p>	<p align="center"><u>LICENSE NUMBER:</u></p>
	<p>2.</p>	
	<p>3.</p>	

CERTIFICATION OF SUPERVISORY APPRAISER

I acknowledge and certify that each of the following statements is true and correct regarding the information supplied in Sections 1 and 2 of this registration form:

1. I consent to supervise the licensed appraiser trainee identified in Section 1 of this registration form.	<u>Initials of Supervisory Appraiser</u>
2. I acknowledge and accept the duties of a supervisory appraiser more fully set forth in the Real Estate Appraiser Certification Act, the regulations of the State Board of Certified Real Estate Appraisers, the Uniform Standards of Professional Appraisal Practice, and the Real Property Appraiser Qualification Criteria of the Appraiser Qualifications Board.	<u>Initials of Supervisory Appraiser</u>
3. I am a certified general or residential real estate appraiser who holds a valid and current certification, and no agency has restricted, suspended, cancelled, withdrawn, revoked or otherwise limited my authority to practice real estate appraising.	<u>Initials of Supervisory Appraiser</u>
4. I have been certified general or residential as a real estate appraiser for a period of at least <u>5 years</u> immediately preceding the date of this registration form.	<u>Initials of Supervisory Appraiser</u>
5. I will notify the Board, in writing, if I terminate supervision of a licensed appraiser trainee registered with the Board as subject to my supervision.	<u>Initials of Supervisory Appraiser</u>
6. This form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I acknowledge that any unauthorized change to this form is subject to the penalties of 18 Pa. C.S. § 4911, relating to tampering with public records or information.	<u>Initials of Supervisory Appraiser</u>
7. I certify that I am currently in good standing in Pennsylvania.	<u>Initials of Supervisory Appraiser</u>
8. I certify that I have not been subject to any disciplinary action in any jurisdiction within the last three (3) years that effects my legal ability to engage in appraisal practice. *See instruction page for sanctions that would or would not affect an appraiser's legal eligibility to supervise.	<u>Initials of Supervisory Appraiser</u>
9. I certify that as part of my supervision of the Trainee, I shall jointly maintain an appraisal experience log with the Trainee. I understand that the experience hours claimed on the log must be directly related to the time spent on the appraisal assignment. I further certify that I will ensure that the experience log is accurate, current, and complies with the requirements of the laws and regulations of the Pennsylvania State Board of Certified Real Estate Appraisers.	<u>Initials of Supervisory Appraiser</u>

VERIFICATION OF SUPERVISORY APPRAISER

I verify that the contents of Section 1 and 2 of this registration form are true and correct and the statements made herein are subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Signature: _____

Date: _____