



**State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920**

**Division of Commercial Licensing and
Racing and Athletics
Real Estate Appraisers Section**

APPLICATION FOR TEMPORARY PRACTICE PERMIT

The Department of Business Regulation (“DBR”), upon application, may issue a temporary license or certificate to an applicant who holds an active credential from a state that is in compliance with Title XI of FIRREA. The permit shall be valid for a period of one hundred eighty (180) days. Permits are not property specific. Please submit the following:

- Completed Application
- Consent to Service of Process Form
- Check or money order in the amount of \$200 – Made payable to the RI General Treasurer

Please indicate level you are applying for:

- | |
|--|
| <input type="checkbox"/> Licensed Residential Appraiser
<input type="checkbox"/> Certified Residential Appraiser
<input type="checkbox"/> Certified General Appraiser |
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SECTION I: DEMOGRAPHICS

Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> First Middle Last </div>	
Home Address: _____ <div style="text-align: center; font-size: small;">Street Address or PO Box</div> <div style="display: flex; justify-content: space-between; font-size: small;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> City State Zip </div> <div style="display: flex; justify-content: space-between; font-size: small;"> _____/_____/_____ _____ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Telephone No. Email Address </div>	
Date of Birth: ____/____/____	Social Security # ____/____/____
State of Legal Residence: _____	License/Certification No.: _____
Have there been any disciplinary actions taken against your appraisal license/certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II: EMPLOYMENT

Employer: _____ Business Name
Address: _____ Business Address
_____ City _____ State _____ Zip
_____/_____/_____ Telephone No. _____ Email Address

SECTION III: APPRAISAL ASSIGNMENT

Date of Assignment: ____/____/_____	Type of Property: _____
Address of Property to be appraised? _____	
Is the Assignment part of a federally related transaction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Client: _____	
Client's Address: _____	

*** If you are unable to complete the assignment before the expiration date of your temporary practice permit, an extension may be granted; however, the request must be received, in writing, before the expiration date of the initial permit.**

SECTION IV: STATEMENT OF TRUTH

I, the undersigned, swear under penalty of perjury, that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny licensure as an appraiser by the Rhode Island Department of Business Regulation.

Signature: _____ Date: _____



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CONSENT TO SERVICE OF PROCESS

I, _____, having applied to be licensed/certified as a non-resident real estate appraiser in the State of Rhode Island, do hereby irrevocably appoint the RI Secretary of State, as my agent, upon whom all lawful process in any action or proceeding against me may be served in like manner and with the same legal force and effect as if I had been lawfully served with said process. As such, I do hereby authorize said agent to receive and accept service of process, pursuant to the provisions of Title 5, Chapter 20.7-16(a), of the General Laws of Rhode Island, as amended, and Commercial Licensing Regulation 10 – Real Estate Appraisers.

Signature: _____ Date: _____

Subscribed and sworn to before the undersigned authority in the State of _____,
in the County of _____, on this _____, day of _____,
20_____.

Notary Public

My Commission Expires: _____.