



**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
Real Estate Appraisers Section**

TEMPORARY PRACTICE PERMIT APPLICATION

Remit a check or money order in the amount of **\$200** – Made payable to the **RI General Treasurer**.
The permit shall be valid for one-hundred eighty (180) days. Permits are not property specific.

Provide an email address below that will be used for *all communication*, i.e. copy of license and renewal notifications:

Select one: **Licensed Residential** **Certified Residential** **Certified General**

First Name		Middle Initial	Last Name	
Residence Street Address		Residence City	State	Zip Code
Telephone Number		Social Security Number	Birth Date	
Original State of Licensure		License/Certification Number		
Have there been any disciplinary actions taken against any appraisal license/certification you now hold or have held? <p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
Business Address				
Business Name			Business Telephone Number	
Business Street Address		City	State	Zip Code
Appraisal Assignment				
Is the Assignment part of a federally related transaction? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of Appraisal Assignment		Type of Property		
Property Address		City	State	Zip Code
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 _____	
OFFICIAL USE ONLY				
Permit Number	Effective Date		Expiration 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 R.I. Gen Laws § 5-20.7-16(a) and Regulation 230-RICR-30-20-1 – 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: _____.