## STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS

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

## Mailing Address:

State Board of Certified Real Estate Appraisers

PO Box 2649

Harrisburg, PA 17105-2649

## **Courier Address:** State Board of Certified Real

Estate Appraisers 2601 North Third Street Harrisburg, PA 17110

## **SUPERVISOR AFFIDAVIT (to be completed by supervising appraiser)**

NAME OF APPLICANT:	
NAME OF SUPERVISOR:	
CERTIFICATION NUMBER OF SUREDVISOR.	
CERTIFICATION NUMBER OF SUPERVISOR:	
PERIOD OF SUPERVISION: (example: January 2, 2020 – October 12, 2022)	
Please choose one of the following:	
Applicant completed(must be a minimum of	hours of experience in which I of 300 hours)
accompanied the applicant during the	physical inspection of each property.
As of I determ	ined the applicant to be competent under
USPAP to perform the physical inspec	ctions unaccompanied.
Appraiser Classification only. Applica  I accompanied the (applicant's certification number)	who are upgrading to the Certified General ant is a Certified Residential Appraiser the applicant during the physical inspection at the applicant was competent under USPAP the accompanied.
Regulations of the State Board of Certified Real Estate	nce with the provisions of §36.13 and §36.54 of the Rules and Appraisers. I have provided direct supervision and control of the ontent of the appraisal documents and value conclusions. The s of value.
Signature of Supervising Appraiser:	Date: