



**RETAIN FOR YOUR INFORMATION AND RECORDS**



## **TEMPORARY PRACTICE PERMIT**

### **APPLICATION INFORMATION – RETAIN FOR YOUR INFORMATION & RECORDS**

#### **RECEIPT OF APPLICATION**

FOR CONFIRMATION OF RECEIPT OF YOUR APPLICATION SEND BY **CERTIFIED MAIL RETURN RECEIPT REQUESTED.**

#### **EVALUATION OF APPLICATION**

PLEASE ALLOW 5 DAYS FOR EVALUATION OF YOUR APPLICATION. IF YOUR APPLICATION IS INCOMPLETE OR INCORRECT YOU WILL BE NOTIFIED IN WRITING OF THE DISCREPANCY.

#### **PLEASE READ AND FOLLOW ALL INSTRUCTIONS**

The Board will recognize on a temporary basis the certification or license of an appraiser issued by another state if the following exist:

- (1) The property to be appraised is part of a Federally-related transaction.
- (2) The appraiser’s business is of a temporary nature.
- (3) The appraiser registers with the Board and pays the required fees.

Temporary means no more than three specific appraiser assignments during a period not to exceed 12 consecutive calendar months.

**Social Security Number information:** In order to comply with federal law, the State Board of Certified Real Estate Appraisers is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is mandatory in order for this Board to comply with the requirements of the federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. §4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth’s Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number.

#### **APPLICANT CHECKLIST**

	PROPER FEE MAILED WITH APPLICATION
	APPLICATION SIGNED AND DATED - PAGE 2
	SOCIAL SECURITY CERTIFICATE SIGNED AND DATED - PAGE 3
	INFORMATION COMPLETED – PAGE 4
	CONSENT TO SERVICE FORM SIGNED, DATED AND NOTARIZED – PAGE 5
	REQUIRED DOCUMENTATION ATTACHED – IF APPLICABLE
	YOU HAVE KEPT A COPY OF YOUR APPLICATION FOR YOUR RECORDS

**RETAIN FOR YOUR INFORMATION AND RECORDS**

# STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS

**Telephone: 717-783-4866**  
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 E-mail: [st-appraise@pa.gov](mailto:st-appraise@pa.gov)  
 Website: [www.dos.pa.gov/real](http://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

## TEMPORARY PRACTICE PERMIT APPLICATION

**§ 36.53. Temporary practice.**

(a) The Board will recognize on a temporary basis the certification or license of an appraiser issued by another state if the following exist:

- (1) The property to be appraised is part of a Federally-related transaction.
- (2) The appraiser's business is of a temporary nature.
- (3) The appraiser registers with the Board and pays the required fees.

(b) Temporary means no more than three specific appraiser assignments during a period not to exceed 12 consecutive calendar months.

**FEES: \$30.00 NON-REFUNDABLE APPLICATION FEE.** CHECK OR MONEY ORDER MADE PAYABLE TO THE "COMMONWEALTH OF PENNSYLVANIA." FEE IS NON-REFUNDABLE, NON-TRANSFERABLE AND SUBJECT TO CHANGE. \$20.00 CHARGE FOR ALL CHECKS RETURNED "NOT PAID" REGARDLESS OF THE REASON FOR NON-PAYMENT. IF A PENDING APPLICATION IS OLDER THAN ONE YEAR FROM THE DATE SUBMITTED AND THE APPLICANT WISHES TO CONTINUE THE APPLICATION PROCESS, THE BOARD SHALL REQUIRE THE APPLICANT TO SUBMIT A NEW APPLICATION INCLUDING THE REQUIRED FEE. IN ORDER TO COMPLETE THE APPLICATION PROCESS, MANY OF THE SUPPORTING DOCUMENTS ASSOCIATED WITH THE APPLICATION CANNOT BE MORE THAN SIX MONTHS FROM THE DATE OF ISSUANCE.

**SECTION 1: APPLICANT INFORMATION**

*PLEASE PRINT OR TYPE*

IN ORDER TO RECEIVE A TEMPORARY PRACTICE PERMIT, THE PROPERTY TO BE APPRAISED MUST BE PART OF A FEDERALLY-RELATED TRANSACTION.	IS THE PROPERTY TO BE APPRAISED PART OF A FEDERALLY-RELATED TRANSACTION? (CIRCLE ONE)            YES            NO
IS YOUR BUSINESS OF A TEMPORARY NATURE?	(CIRCLE ONE)            YES            NO
LAST NAME	MAIDEN NAME (IF APPLICABLE)
FIRST NAME	MIDDLE NAME
MAILING ADDRESS	STREET _____ CITY _____ STATE _____ ZIP _____
PERSONAL INFORMATION	DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____
CONTACT NUMBER (BETWEEN 9 AM – 5 PM)	TELEPHONE: _____ FAX: _____ EMAIL ADDRESS: IS IT PERMISSIBLE TO CONTACT YOU BY E-MAIL REGARDING THIS APPLICATION? YES            NO

**SECTION 2: CRIMINAL AND DISCIPLINARY INFORMATION**

*If you answered "yes" to any criminal or disciplinary question, provide a full written explanation AND a certified copy of any and all relevant Board, court and/or legal documents, including the criminal complaint, charging documents, documentation of the final disposition and sentence imposed, as well as documentation of your successful completion of any and all of the sentencing requirements that may have been imposed.*

ANSWER THE FOLLOWING		YES	NO
1.	DO YOU HOLD, OR HAVE YOU EVER HELD, A LICENSE, CERTIFICATE, PERMIT, REGISTRATION OR OTHER AUTHORIZATION TO PRACTICE A PROFESSION OR OCCUPATION IN ANY STATE OR JURISDICTION?		
2.	IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE PROVIDE THE PROFESSION AND STATE OR JURISDICTION. PLEASE DO NOT ABBREVIATE THE PROFESSION.		
3.	HAVE YOU HAD DISCIPLINARY ACTION TAKEN AGAINST A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT, REGISTRATION OR OTHER AUTHORIZATION TO PRACTICE A PROFESSION OR OCCUPATION ISSUED TO YOU IN ANY STATE OR JURISDICTION OR HAVE YOU AGREED TO VOLUNTARY SURRENDER IN LIEU OF DISCIPLINE?		
4.	DO YOU CURRENTLY HAVE ANY DISCIPLINARY CHARGES PENDING AGAINST YOUR PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION IN ANY STATE OR JURISDICTION?		
5.	HAVE YOU WITHDRAWN AN APPLICATION FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION, HAD AN APPLICATION DENIED OR REFUSED, OR FOR DISCIPLINARY REASONS AGREED NOT TO APPLY OR REAPPLY FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION IN ANY STATE OR JURISDICTION?		
6.	HAVE YOU BEEN CONVICTED (FOUND GUILTY, PLED GUILTY OR PLED NOLO CONTENDERE), RECEIVED PROBATION WITHOUT VERDICT OR ACCELERATED REHABILITATIVE DISPOSITION (ARD), AS TO ANY CRIMINAL CHARGES, FELONY OR MISDEMEANOR, INCLUDING ANY DRUG LAW VIOLATIONS? NOTE: YOU ARE NOT REQUIRED TO DISCLOSE ANY ARD OR OTHER CRIMINAL MATTER THAT HAS BEEN EXPUNGED BY ORDER OF A COURT.		
7.	DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR JURISDICTION?		
8.	HAVE YOU BEEN FOUND BY A CIVIL COURT OF COMPETENT JURISDICTION TO HAVE PERFORMED A FRAUDULENT APPRAISAL?		

**SECTION 3: CERTIFICATION STATEMENT**

**BY SIGNING BELOW, I VERIFY THAT THIS APPLICATION IS IN THE ORIGINAL FORMAT AS SUPPLIED BY THE DEPARTMENT OF STATE AND HAS NOT BEEN ALTERED OR OTHERWISE MODIFIED IN ANY WAY. I AM AWARE OF THE CRIMINAL PENALTIES FOR TAMPERING WITH PUBLIC RECORDS OR INFORMATION PURSUANT TO 18 Pa. C.S. § 4911.**

**I VERIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT FALSE STATEMENTS ARE MADE SUBJECT TO THE PENALTIES OF 18 Pa. C.S. § 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES) AND MAY RESULT IN THE SUSPENSION, REVOCATION OR DENIAL OF MY LICENSE, CERTIFICATE, PERMIT OR REGISTRATION.**

**SOCIAL SECURITY ACT CERTIFICATION**

**IN ORDER TO COMPLY WITH FEDERAL LAW, THE STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS IS OBLIGATED TO INFORM EACH APPLICANT OR LICENSEE FROM WHOM IT REQUESTS A SOCIAL SECURITY NUMBER THAT DISCLOSING SUCH NUMBER IS MANDATORY IN ORDER FOR THIS BOARD TO COMPLY WITH THE REQUIREMENTS OF THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 Pa. C.S. § 4304.1(A). IN ORDER TO ENFORCE DOMESTIC SUPPORT ORDERS, AT THE REQUEST OF THE COMMONWEALTH'S DEPARTMENT OF HUMAN SERVICES (DHS), THE LICENSING BOARDS MUST PROVIDE TO DHS INFORMATION PRESCRIBED BY DHS ABOUT THE LICENSEE, INCLUDING THE SOCIAL SECURITY NUMBER.**

**APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**SECTION 4: REQUIRED DOCUMENTATION**

<p>LIST ALL STATES/JURISDICTIONS WHERE YOU EVER HELD A LICENSE/CERTIFICATE TO PRACTICE AS AN APPRAISER WHETHER CURRENT, NOT CURRENT, ACTIVE OR INACTIVE.</p>	<hr/>
<p>THE PENNSYLVANIA STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS WILL VERIFY CERTIFICATION STATUS VIA THE APPRAISAL SUBCOMMITTEE'S NATIONAL REGISTRY OF CERTIFIED REAL ESTATE APPRAISERS. YOU MAY BE REQUESTED TO SUBMIT ADDITIONAL DOCUMENTS IF VERIFICATION REVEALS DISCIPLINARY ACTION HAS BEEN TAKEN AGAINST YOUR CERTIFICATION BY ANY OTHER STATE OR JURISDICTION.</p>	

**SECTION 5: APPRAISAL INFORMATION**

<p>LIST NAME AND ADDRESS OF CLIENT</p>	<p>NAME _____</p> <p>STREET ADDRESS _____</p> <p>CITY _____</p> <p>STATE _____</p> <p>ZIP CODE _____</p> <p>TELEPHONE _____ AREA CODE _____ / _____</p> <p>E-MAIL _____</p> <p>FAX _____</p>
<p>IS YOUR BUSINESS OF A TEMPORARY NATURE?</p>	<p>(CIRCLE ONE)                      YES                      NO</p>
<p>LIST COMPLETE ADDRESS OF THE PROPERTY TO BE APPRAISED. <i>NOTE: IF THIS SPECIFIC ASSIGNMENT FOR THIS SPECIFIC CLIENT CONSISTS OF MORE THAN 1 PROPERTY, LIST OTHER PROPERTIES ON A SEPARATE SHEET OF PAPER.</i></p>	<p>NAME _____</p> <p>STREET ADDRESS _____</p> <p>CITY _____</p> <p>STATE _____ ZIP _____</p>
<p>TYPE OF PROPERTY TO BE APPRAISED</p>	<p>(CIRCLE ONE)      RESIDENTIAL      NON-RESIDENTIAL</p>
<p>HAVE YOU APPLIED FOR A TEMPORARY PRACTICE PERMIT IN PENNSYLVANIA IN THE PAST 12 CONSECUTIVE CALENDAR MONTHS?</p> <p><b>§ 36.53. Temporary practice.</b></p> <p>(a) The Board will recognize on a temporary basis the certification or license of an appraiser issued by another state if the following exist:</p> <p>    (1) The property to be appraised is part of a Federally-related transaction.</p> <p>    (2) The appraiser's business is of a temporary nature.</p> <p>    (3) The appraiser registers with the Board and pays the required fees.</p> <p>(b) Temporary means no more than three specific appraiser assignments during a period not to exceed 12 consecutive calendar months.</p>	<p>(CIRCLE ONE)</p> <p>NO</p> <p>YES    If YES provide date(s) of previous request(s):</p>

# CONSENT TO SERVICE FORM

I, \_\_\_\_\_, HEREBY AGREE  
(Name of Applicant)

THAT SERVICE OF ORIGINAL PROCESS OR OTHER LEGAL NOTICE UPON ME BY FIRST CLASS MAIL AND CERTIFIED MAIL AT MY PERMANENT ADDRESS OF:

\_\_\_\_\_  
\_\_\_\_\_

SHALL HAVE THE SAME FORCE AND EFFECT AS IF SERVED PERSONALLY UPON ME. IN THE EVENT THAT SERVICE CANNOT BE MADE AND EFFECTED AT THE PERMANENT ADDRESS STATED HEREIN, I AGREE THAT SERVICE OF ORIGINAL PROCESS OR OTHER LEGAL NOTICE CAN BE MADE UPON ME BY MAILING A COPY OF SAME TO THE ADDRESS OF THE LICENSING/CERTIFICATION APPRAISAL AGENCY OF MY LICENSURE/CERTIFICATION LISTED IN *SECTION ONE* OF THE WITHIN APPLICATION FORM.

I ATTEST THAT I HAVE READ, UNDERSTAND AND WILL ABIDE BY ALL PENNSYLVANIA REAL ESTATE APPRAISERS CERTIFICATION ACT, THE BOARD'S REGULATIONS, AND ANY OTHER LAW APPLICABLE TO MY PENNSYLVANIA CERTIFICATION. I FURTHER AGREE TO COOPERATE WITH ANY INVESTIGATION INITIATED AGAINST ME BY THE COMMONWEALTH OF PENNSYLVANIA IN CONNECTION WITH MY APPRAISAL OF REAL PROPERTY WHILE ON ASSIGNMENT IN THE COMMONWEALTH.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

NOTARY SEAL  
& SIGNATURE

\_\_\_\_\_  
(DATE)