

EXPERIENCE LOG – OTHER (SEE §36.11 OR §36.12 FOR DESCRIPTION OF OTHER TYPES OF ACCEPTABLE EXPERIENCE)

(YOU MAY MAKE COPIES OF THIS FORM AS NEEDED)

USE THIS PAGE FOR “OTHER” TYPES OF EXPERIENCE ONLY

APPLICANT NAME:	
NAME OF SUPERVISING APPRAISER:	
CERTIFICATE NUMBER OF SUPERVISING APPRAISER:	
PERIOD OF SUPERVISION:	

OTHER – SEE §36.11 OR §36.12 FOR DESCRIPTIONS OF OTHER TYPES OF ACCEPTABLE EXPERIENCE

Date of Appraisal (Mo./Yr.) MUST LIST IN DATE ORDER	Assignment Identification Address (Out-of-State Locations are Acceptable) Include City and State P. O. Box Numbers are Unacceptable	Report Type (√) One		Property Type (√) One		Number of Actual Hours of Experience Claimed USE WHOLE NUMBERS ONLY	List the type of experience as per §36.11(e)(2) (ii)(iv – x) or §36.12(e)(2) (ii)(iv – x) of the Board’s regulations
		FORM	NARRATIVE	RESIDENTIAL	NON RESIDENTIAL		
TOTALS							