



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
COUNCIL ON REAL ESTATE APPRAISERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR TEMPORARY PRACTICE PERMIT

INSTRUCTION SHEET

When to Apply

The requirements for a Delaware Temporary Practice Permit are:

- The property to be appraised is located in Delaware.
- The appraiser is currently *licensed* or *certified* in another state.
- The appraiser's business in Delaware is of a temporary nature.
- The appraiser's business in Delaware is limited to a particular assignment.
- The appraisal must comply with the Uniform Standards of Professional Appraisal Practice.

If the permit is granted, you may provide appraisal services only for the **assignment** identified on the permit. The term **assignment** means engagement by a single client to appraise one or more properties in a single appraisal contract.

Temporary practice permits expire six months from the date of issue. You may request an extension of this time by sending a written request to the Council office.

How to Apply

- Submit completed, signed and notarized [application form](#).
- Enclose non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- Arrange for the Council office to receive a letter of good standing *directly* from the state where your primary state of licensure (the state where you were first licensed by examination).
 - The Council office will also verify licensure through the national registry before issuing a temporary practice permit. If disciplinary information is found, you will be asked for more documentation.



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IDENTIFYING AND CONTACT INFORMATION

1. Name: _____
Last First M.I.

2. **Residence** Address: _____
Street

City State Zip code

3. **Residence** Phone: _____ **Residence** Email: _____

4. Date of Birth (month/day/year): _____

5. Have you been issued a U.S. Social Security Number? Yes No

- If yes, enter your SSN: _____
- If no, you must file a *Request for Exemption from Social Security Number Requirement*.

6. Federal Registry I.D. Number: _____

7. **Business** Name: _____

8. **Business** Address: _____
Street

City State Zip code

9. **Business** Phone: _____ **Business** Email: _____

ASSIGNMENT INFORMATION

10. Assignment Identification: _____

11. Property Identification and Location. *Include street address, city, state, and zip code.*

12. Anticipated Duration of Assignment: _____

DISCLOSURES

13. List each jurisdiction where you currently hold, or have ever held, appraiser licensure or certification and provide the requested information for each. List the jurisdiction regardless of whether the license, certification or registration is active, inactive, lapsed, or expired.

JURISDICTION	LICENSE/CERTIFICATION NUMBER	ISSUE DATE	EXPIRATION DATE	QUALIFIED BY (check one):
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity <input type="checkbox"/> Other
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity <input type="checkbox"/> Other
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity <input type="checkbox"/> Other
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity <input type="checkbox"/> Other
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity <input type="checkbox"/> Other

Arrange for the Council office to receive a letter of good standing *directly* from the state where your primary state of licensure (the state where you were first licensed by examination).

14. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense (including any for which you have received a pardon) in any jurisdiction? Yes No **If yes, submit a certified copy of your criminal history record.**

15. Are any criminal charges pending against you in any jurisdiction? Yes No **If yes, submit a certified copy of your criminal history record.**

16. Have you ever been the recipient of any administrative penalties regarding your practice as an appraiser, including but not limited to fines, formal reprimands, license suspensions or revocation (except for license revocations for nonpayment of license renewal fees), probationary limitations, or have you entered into any agreements which contain conditions placed by a regulatory agency on your professional conduct and practice, including any voluntary surrender of a license, certificate or registration in Delaware or elsewhere? Yes No **If yes, submit a copy of the agency’s order and a written explanation.**

17. Are any disciplinary proceedings or unresolved complaints pending against you in any jurisdiction where you are currently, or were previously, licensed, certified, or registered? Yes No **If yes, submit a written explanation.**

18. Do you have any impairment related to drugs or alcohol that would limit your ability to act as an appraiser in a manner consistent with the safety of the public? Yes No **If yes, submit a written explanation.**

To assure consideration of your license application at the next Council meeting, the Council office must receive all of these items no later than 4:30 PM ten full working days before the meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Council office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-6 weeks to receive your license.

AFFIDAVIT

I, the applicant, being duly sworn according to law, depose and say that the responses set forth are true to the best of my knowledge and belief and that the application is made for the purpose of inducing the issuance of the license requested.

I hereby confirm that I have read and agree to abide by all appraiser laws and rules in the State of Delaware and agree to cooperate with any investigation initiated by the Council on Real Estate Appraisers and/or the Division of Professional Regulation including providing relevant documents and personally appearing before the Council and/or any investigators.

Applicant Signature: _____ **Date:** _____

State of _____
County of _____

Sworn and subscribed to before me this _____ day of _____, 2_____.

SEAL

Signature of Notary Public

My Commission Expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED PROCESSING FEE WILL BE REJECTED.