



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 APPRAISER TRAINEE

### INSTRUCTION SHEET

#### When to Apply

Apply after you have *completed* 75 hours of qualifying education (QE) hours. There is no experience or examination requirement.

#### How to Apply

Submit:

- Completed, signed and notarized [application form](#)
- Non-refundable [processing fee](#) by check or money order made payable to "State of Delaware"
- Copy of your QE certificates
  - Each course must consist of at least 15 classroom hours and include an examination.
  - At least 15 hours must be the required USPAP course.

*In addition*, arrange for the Council office to receive the following:

- Verification of Real Estate Appraiser Supervision* form (included with the application) completed and signed by your supervising Certified General Real Property Appraiser
  - The form must be sent *directly* to the Council office from the supervisor.
  - If you have more than one supervisor, *each* supervisor must submit a completed and signed form.
- If you have ever been licensed or certified as an appraiser in another state, a letter of good standing sent *directly* from *each* state where you currently hold, or have ever held, appraiser certification/licensure
  - This includes trainee permits in other states.

When the application is considered complete, the Council will review it at its next [meeting](#). If approved, the Council office will notify you.



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**APPLICATION FOR APPRAISER TRAINEE**

**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. **Business** Name: \_\_\_\_\_

7. **Business** Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip code

8. **Business** Phone: \_\_\_\_\_ **Business** Email: \_\_\_\_\_

**REAL ESTATE APPRAISAL QUALIFYING EDUCATION**

9. List each qualifying appraisal education course you have completed. You may attach a separate sheet if you need more space.

COURSE TITLE	SPONSOR NAME	MONTH/YR COMPLETED	HOURS COMPLETED

**Submit copies of your QE completion certificates.**

**DISCLOSURES**

- 10. 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.**
- 11. Are any criminal charges pending against you in any jurisdiction? Yes  No  **If yes, submit a certified copy of your criminal history record.**
- 12. Have you ever been a trainee or been licensed or certified as a real estate appraiser in any state? Yes  No  If yes, list each state where you currently hold, or have ever held, licensure or certification:

\_\_\_\_\_

**Arrange for the Council office to receive a letter of good standing *directly* from each state where you have ever been licensed or certified.**

- 13. 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.**
- 14. 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.**
- 15. 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 answers above 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 including providing relevant documents and personally appearing before the Council and/or its investigators.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

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

SEAL \_\_\_\_\_ My commission expires: \_\_\_\_\_  
Signature of Notary Public

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



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**VERIFICATION OF REAL ESTATE APPRAISER SUPERVISION**

This form is to be submitted by *each* of a Trainee applicant's supervising Certified General Real Property Appraisers.

**TRAINEE APPLICANT** – To be completed by applicant for Real Property Appraiser Trainee

1. Name: \_\_\_\_\_  
Last First M.I.

**SUPERVISOR** – To be completed by supervising Certified General Real Property Appraiser

2. Name: \_\_\_\_\_  
Last First M.I.

3. Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip code

4. Phone: \_\_\_\_\_ 5. Email: \_\_\_\_\_

6. Delaware Certified General Real Property Appraiser License Number: \_\_\_\_\_

7. I certify that the applicant named above will assist in completing appraisal reports, including an opinion of value, and may co-sign the appraisal under my supervision. I also certify that I will

- *actively* and *personally* supervise the trainee
- review and sign the appraisal report
- accept total responsibility for the appraisal report
- review and approve the trainee's *Experience Log* and provide copies of any appraisal reports the trainee assisted in preparing as requested by the Council.
- comply with all rules and policies for supervisory appraisers.

Yes  No

8. You may supervise up to three trainees/licensees at a time, regardless of status, classification or state of licensure. Do you supervise trainees/licensees other than the trainee named above? Yes  No  If yes, enter the following:

NAME OF TRAINEE/LICENSEE	LICENSE #	STATE

9. I agree to notify the Council in writing if I am no longer supervising the trainee. Yes  No

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

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

SEAL \_\_\_\_\_ Signature of Notary Public Commission expires: \_\_\_\_\_