



	OREA USE ONLY	TYPE REMIT
lic reexam	<input type="checkbox"/>	cc <input type="checkbox"/> pc <input type="checkbox"/>
c. reexam	<input type="checkbox"/>	mo <input type="checkbox"/> bc <input type="checkbox"/>
	<input type="checkbox"/>	po <input type="checkbox"/>

REQUEST FOR RE-EXAMINATION

1. Level for Which you Applied (Mark one box only)		
<input type="checkbox"/> Trainee License	<input type="checkbox"/> Residential License	<input type="checkbox"/> Certified Residential
		<input type="checkbox"/> Certified General
2. Name		
Last	First	Middle
3. Date of Birth		4. Social Security Number
5. Mailing Address		
<input type="checkbox"/> Check if change of mailing address		
Number, Street and Suite Number		
City	State	Zip Code
6. Business Telephone Number		7. Home Telephone Number
()		()

*OFFICE OF REAL ESTATE APPRAISERS
 1102 Q Street, Suite 4100
 Sacramento, CA 95811*

SIGNATURE: _____

DATE: _____

NOTE:

- The examination must be successfully completed within one year of the date of issuance of the original admit letter.
- Your social security number is mandatory. OREA cannot issue licenses without a social security number issued by the U.S. Social Security Administration (Business and Professions Code Section 11340).
- Fees cannot be refunded. By statute, all fees submitted are deemed earned upon receipt.

FOR OREA USE ONLY		Comments:
Add Chnge:	Prev times tested:	By:
Orig Sig:	Eligible retest:	Date: