



	OREA USE ONLY	Type Remit
Rec'd	DSS	<input type="checkbox"/> CC
App Rev	Overpay	<input type="checkbox"/> MO
FP	Misc	<input type="checkbox"/> PO

REQUEST FOR TEMPORARY PRACTICE PERMIT

Read All Directions On the Reverse Side Prior To Completing This Form.

1. Type of Application (Mark one box only)					
<input type="checkbox"/> License Residential 1 -4 units up to a transaction value of \$250,000 complex or \$1,000,000 non-complex.	<input type="checkbox"/> Certified Residential Any residential, 1 - 4 units, without regard to complexity or transaction value.	<input type="checkbox"/> Certified General Any transaction without regard to type, complexity or value.			
2. Name to Appear on Permit					
Last		First		Middle	
3. Business Name and Address of Record (Do not list a P.O. Box, Rural Route or Star Route)					
Name of Business			Number, Street and Suite Number		
City		County	State	Zip Code	
4. Mailing Address					
Number, Street and Suite Number					
City		County	State	Zip Code	
5. Physical Home Address (Do not list a P.O. Box, Rural Route or Star Route)					
Number, Street and Suite Number					
City		County	State	Zip Code	
6. State Currently Licensed		7. Expiration Date		8. Business Telephone Number	
				()	
				()	
10. Social Security Number			11. Driver's License Number		12. Date of Birth
13. Current or Expired California Real Estate Appraisers License					
<input type="checkbox"/> None <input type="checkbox"/> Yes			License Number		

I, _____ (name), declare under penalty of perjury that the foregoing information and information provided on all attachments is true and correct and that I have answered each question fully and truthfully and without any purpose of evasion or mental reservation. I understand that providing false information is grounds for denial or revocation of any license and may subject me to disciplinary action and/or criminal prosecution and punishment by imprisonment in state prison for 2, 3 or 4 years.

Executed this _____ day of _____ at _____ (city or county) _____ (state).

Signature _____

Name (please print) _____

MUST BE SIGNED AND CERTIFIED BY A NOTARY PUBLIC IF EXECUTED OUTSIDE THE STATE OF CALIFORNIA

OREA USE ONLY		Comments:	
Lic. Type:	Con to Serv:	Let Eng:	Permit Issued By:
Sig:	Let G std:		Date:

READ THE FOLLOWING INFORMATION PRIOR TO COPMLETING THIS FORM

- Do not write in the shaded areas.
- Type or write clearly in blue or black ink.
- Applications must be legible and contain an original signature.
- Submit a separate application for each permit requested.
- Submit an \$80 fee for each permit requested. In addition a \$10 child support review fee is required for each application.
- All fees must be paid by pre-printed personal check, company check, cashier's check, certified check, money order or government purchase order.
- Fees cannot be refunded. By statute, all fees submitted are deemed earned upon receipt.
- Out-of-state addresses require a completed and notarized Consent to Service of Process (REA 3006).
- Submit a certified letter of license history from the issuing state or territory which is not more than 30 days old.
- Should the applicant's home state license expire less than one year from the issuance date of the Temporary Practice Permit, the term of the Temporary Practice Permit shall be extended for up to one year from its initial date of issuance upon proof of renewal of the applicant's home state license. The term of the Temporary Practice Permit shall not be extended beyond one year from the initial date of issuance.
- Submit a copy of the letter of engagement, contract or other document provided to you by the institution or individual as evidence of the work to be performed. If the assignment was entirely verbal, describe in writing the appraisal assignment to be performed.
- Sign and date this form prior to submittal.
- If you have any questions, please write to the address listed below or call **(916) 552-9000**.
- Mail completed application, all fees and required documents to:

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

INSTRUCTIONS

- 1. TYPE OF APPLICATION** -- Mark the box for the permit you wish issued. Your license from the issuing state or territory must equal or exceed the level for which you are applying.
- 2. NAME TO APPEAR ON PERMIT** -- Your name as you wish it to appear on the permit.
- 3. BUSINESS ADDRESS OF RECORD** -- The name of your business or employer name. The physical business address of record. Do not list a P.O. Box, Rural Route or Star Route. Information required is public record.
- 4. MAILING NAME AND ADDRESS OF RECORD** -- Your mailing address if different than the business address. Information required is public record.
- 5. PHYSICAL HOME ADDRESS** -- The physical location of your home address. Do not list a P.O. Box, Rural Route or Star Route.
- 6. STATE CURRENTLY LICENSED** -- The state or states in which you currently hold a real estate appraisal license.
- 7. EXPIRATION DATE** -- The expiration date of your current license.
- 8. BUSINESS TELEPHONE NUMBER** -- Your business telephone number. Information required is public record.
- 9. HOME TELEPHONE NUMBER** -- Your home telephone number.
- 10. SOCIAL SECURITY NUMBER** -- Your social security number is mandatory. OREA cannot issue licenses with out a social security number issued by the U.S. Social Security Administration (Business and Professions Code 11340).
- 11. DRIVER'S LICENSE NUMBER** -- Your driver's license number and the state of issuance.
- 12. DATE OF BIRTH** -- Your date of birth.
- 13. PREVIOUS CALIFORNIA APPRAISER LICENSE** -- Indicate if you have ever held a California Appraiser License. If the answer is "yes", list the license number.