



BREA USE ONLY
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*COURSE PROVIDER ACCREDITATION APPLICATION*

***Read ALL Directions Prior to Completing This Application***

<b>1. Legal Name of Course Provider</b>			
<b>2. Fictitious Business Names (dba[s])</b>			
<b>3. Main Office Location</b>			
Number, Street and Suite Number			
City	County	State	Zip Code
<b>4. Location of Business and Student Records</b>			
Number, Street and Suite Number			
City	County	State	Zip Code
<b>5. Location of All Permanent Class Sites (use attachment, if necessary)</b>			
Number, Street and Suite Number			
City	County	State	Zip Code
<b>6. Name and Phone Number of Person Authorized to Act on Behalf of Chief Executive Officer</b>			
Name		Phone	
Title			
<b>7. Names, Principals, Board Memeber &amp; Management (use attachment, if necessary)</b>			
Appraiser License Number (If Applicable)			
<b>8. Has accreditation or license by BRE or any other agency been revoked, suspended or denied for the course provider or any person identified in Item 7 above? If "yes" provide a written letter of explanation.</b>			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

**REQUIRED ATTACHMENTS**

Policy statements, correspondence or other verification of the following information.

- |   |   |
|---|---|
| <input type="checkbox"/> Attendance Policy<br><input type="checkbox"/> Grading Policy<br><input type="checkbox"/> Instructor Hiring Policy<br><input type="checkbox"/> Refund and Re-Examination Policy | <input type="checkbox"/> Final Exam Policy<br><input type="checkbox"/> Record Maintenance and Retention Policy<br><input type="checkbox"/> Subcontracting Policy<br><input type="checkbox"/> Sample of the Course Completion Certificates |
|---|---|

**READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS APPLICATION**

**FEE**

- Do not write in the shaded areas.
- Type or print clearly in blue or black ink.
- Applications must be legible and contain an original signature.
- All fees must be paid by pre-printed personal check, company check, cashier's check, certified check, money order or credit card.
- Fees cannot be refunded. By statute, all fees submitted are deemed earned upon receipt.
- Please refer to <http://www.brea.ca.gov/html/LicensingFees.html> for current license application fees.
- All out-of-state addresses require a complete and notarized Consent to Service of Process (REA 3006).
- If you have any questions, please write to the address listed below or call (916) 552-9000.
- Mail completed application, necessary fees and qualifying documentation to:

Course Provider Application Review Fee \$150

**Bureau of Real Estate Appraisers  
1102 Q Street, Suite 4100  
Sacramento, CA 95811**

**INSTRUCTIONS**

- LEGAL NAME OF COURSE PROVIDER** - The legal name of the course provider.
- FICTITIOUS BUSINESS NAMES (dba [s])** - All Fictitious Business Names used. Include a certified copy of the Fictitious Business Name statement. Use attachments if necessary.
- MAIN OFFICE LOCATION** - Insert mailing address.
- LOCATION OF BUSINESS AND STUDENT RECORDS** - Do not list a P.O. Box, Rural Route or Star Route. If a physical address is not available, indicate the physical location (i.e., the nearest intersection and distance from it).
- LOCATION OF ALL PERMANENT CLASS SITES** - Do not list a P.O. Box, Rural Route or Star Route. If a physical address is not available, indicate the physical location (i.e., the nearest intersection and distance from it). Use attachments if necessary.
- NAME AND PHONE NUMBER OF PERSON AUTHORIZED TO ACT ON BEHALF OF CHIEF EXECUTIVE OFFICER** - Name of person authorized to act on behalf of CEO for course provider and individual matters. Include a written letter of authorization from the CEO.
- NAMES OF PRINCIPALS, BOARD MEMBERS & MANAGEMENT** - List the name, title and BREA license number, current or expired, (if applicable) of each principal, board member and manager of the course provider. Use attachments if necessary.
- If accreditation has been revoked, suspended or denied by BREA or any other agency for the course provider or any person identified in item 7, answer "yes". Provide a detailed letter of explanation to any "yes" answer.

**Privacy Information**

Section 1798.17 of the Civil Code requires this notice be provided when collecting personal or confidential information from individuals. Each individual has the right to review personal information maintained by this Agency, unless access is exempted by law.

Bureau of Real Estate Appraisers  
Custodian of Records  
1102 Q Street, Suite 4100  
Sacramento, CA 95811  
Telephone: (916) 552-9000

General powers of the Chief, Sections 11310 and 11313 of the Business and Professions Code authorizes the maintenance of this information. Business and Professions Code Section 30, Chapter 1361, Section 1, requires each real estate appraiser licensee to initially provide to the Bureau of Real Estate Appraisers his or her social security number or individual taxpayer identification number which will be furnished to the Franchise Tax Board. Your social security number or individual taxpayer identification number shall not be deemed a public record and shall not be open to the public for inspection. The Franchise Tax Board will use your number to establish identification exclusively for tax purposes. The Real Estate Appraisers Law or Regulations of the Chief require applicants to provide the Bureau of Real Estate Appraisers with specific information. If all or any part of the required information is not provided, processing may be delayed. In addition, the Chief may suspend or revoke a license, or in the case of a license applicant, may deny the issuance for misstatements of facts (including a failure to disclose a material fact) in an application for a license. The information requested in this form is primarily used to furnish license status information to the Bureau of Real Estate Appraisers, and to answer inquiries and give information to the public on license status, mailing addresses and actions taken to deny, revoke, restrict or suspend licenses for cause. This information may be transferred to real estate appraisal licensing agencies in other states, law enforcement agencies (City Police, Sheriff's Departments, District Attorneys, Attorney General, F.B.I.), and any other regulatory agencies (included, but not limited to, Department of Business Oversight, Department of Insurance, Bureau of Real Estate, Department of Consumer Affairs, California Bar Association, Appraisal Subcommittee).

**CHIEF EXECUTIVE OFFICER DECLARATION**

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 accreditation or 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 \_\_\_\_\_ (month) \_\_\_\_\_ (year)  
at \_\_\_\_\_ (city or county) \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

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