



Rec'd	OREA USE ONLY	Type Remit
App Rec	State Reg	<input type="checkbox"/> CC
Lic Iss	Fed Reg	<input type="checkbox"/> MO
Ct Iss	Comp Fee	<input type="checkbox"/> PO
Late Pen Lic	Misc	
Late Pen Ct	DSS	

APPLICATION FOR REINSTATEMENT OF LICENSE

*Read all directions on the reverse side prior to completing this form.
 You may not represent yourself as Licensed Until Your License is in your possession.*

1. License Level			
<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. Social Security Number		4. Birth Date	
5. Business Name and Address of Record (Do not list a P.O. Box, Rural Route or Star Route)			
Number, Street and Suite Number			
City	County	State	Zip Code
6. Mailing Address			
Number, Street and Suite Number			
City	County	State	Zip Code
7. 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
8. Business Telephone Number		9. Home Telephone Number	
()		()	
10. Current or Previous California Real Estate Appraiser License			
<input type="checkbox"/> Current/Suspended	<input type="checkbox"/> Expired	<input type="checkbox"/> Temporary	License Number _____ Expiration Date _____

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

Orig Sig	Y	N	N/A	OREA USE ONLY	Lic Reinstated	By	Date
Consent to Serv	Y	N	N/A				
Pers ck cleared	Y	N	N/A				

READ THE FOLLOWING INFORMATION BEFORE COMPLETING THE INITIAL APPLICATION

- 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 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).
- If you have any questions, please write to the address listed below or call (916) 552-9000.
- Mail completed application, fees and required documents to:

FEES

DCSS Reinstatement	\$140
Dishonored Check	\$25 (plus amount of dishonored check)

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

INSTRUCTIONS

- 1. TYPE OF APPLICATION**--Mark the box for the license type for which you are applying.
- 2. NAME**--Your name as you wish it to appear on your license.
- 3. SOCIAL SECURITY NUMBER**
- 4. BIRTH DATE**
- 5. BUSINESS NAME AND ADDRESS OF RECORD**-
- The name of your business or employer name. The physical business address of record is mandatory information. 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). If a business address is not available your physical residence address may be provided. Please Note: The information required is public record.
- 6. MAILING ADDRESS**--Your mailing address if it is not the same as the business address. Information required is public record.
- 7. PHYSICAL HOME ADDRESS**--The physical location of your home address. Do not list a P.O. Box, Rural Route or Star Route.
- 8. BUSINESS TELEPHONE NUMBER**--Your business telephone number. Information required is public record.
- 9. HOME TELEPHONE NUMBER**--Your home telephone number.
- 10. CURRENT OR PREVIOUS CALIFORNIA REAL ESTATE APPRAISER LICENSE**-- The current status of your license, license number and expiration date.

Current/Suspended -- If you currently hold a license that has been suspended.

Expired -- If your license has expired, but was previously in suspension.

Temporary -- If you were issued a Temporary license.