



Register as an appraiser supervisor or let us know when you are no longer supervising an appraiser trainee.

You must complete the 4-hour supervisor/trainee course before you can supervise trainees.

Register online: <https://professions.dol.wa.gov>

Or mail this completed form to: **Real Estate Appraiser Program
Department of Licensing
PO Box 9021
Olympia, WA 98507-9021**



For questions or language help call (360) 664-6504 or email reappraisers@dol.wa.gov

Supervisor information

TYPE or PRINT Your name (First, Middle, Last)		Certification number	
Mailing address			
Real estate appraiser certification <input type="checkbox"/> Certified general <input type="checkbox"/> Certified residential		(Area code) Phone number	Email
Answer the following Answer the questions below. If you answer "Yes," attach a detailed explanation.			
1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Trainee information

1 Status <input type="checkbox"/> Add <input type="checkbox"/> Remove	Trainee name (Last, First, Middle)'	Beginning or ending date	Trainee license #, if issued
Email		(Area code) Phone number	
2 Status <input type="checkbox"/> Add <input type="checkbox"/> Remove	Trainee name (Last, First, Middle)'	Beginning or ending date	Trainee license #, if issued
Email		(Area code) Phone number	
3 Status <input type="checkbox"/> Add <input type="checkbox"/> Remove	Trainee name (Last, First, Middle)'	Beginning or ending date	Trainee license #, if issued
Email		(Area code) Phone number	
4 Status <input type="checkbox"/> Add <input type="checkbox"/> Remove	Trainee name (Last, First, Middle)'	Beginning or ending date	Trainee license #, if issued
Email		(Area code) Phone number	

Supervisor: Are you personally supervising the trainees listed above? Yes No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Date and place

TYPE or PRINT Name
X
Signature

Providing false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.