



**PART III: PREFERRED MAILING ADDRESS AND CONTACT INFORMATION: (P.O. BOX may be used if different from above):**

15. Name: \_\_\_\_\_

16. Address: \_\_\_\_\_

17. City, State, Zip: \_\_\_\_\_

**PART IV: BACKGROUND INFORMATION**

18. Have you been convicted of, or pled guilty or nolo contendere to, forgery, extortion, conspiracy to defraud, theft, or a crime involving moral turpitude, or a felony crime in any court of competent jurisdiction?

Yes  No If yes, attach a detailed letter of explanation.

19. Have you ever been certified or licensed as a real estate appraiser, salesperson, or broker in Louisiana or any other state?

Yes  No If yes, list the state(s) below and attach a verification of good standing from the licensing or certification board(s).

20. Has your appraiser certificate or real estate license ever been censured, suspended, or revoked in Louisiana or any other state?

Yes  No If yes, attach a detailed letter of explanation.

21. Has your application for certification or licensure as a real estate appraiser, salesperson, or broker ever been rejected in Louisiana or any other state?

Yes  No If yes, attach a detailed letter of explanation.

**PART V: EDUCATION**

22. List below the institution from which you received your high school diploma, certificate of equivalency, Associate's Degree, or Bachelor's Degree, and attach a copy of the required degree needed for the credential being obtained.

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NAME	CITY	STATE	DATE RECEIVED
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23. Have you satisfied the Qualifying Education requirement for Licensure?

- 150 hours - Licensed Residential
- 200 hours - Certified Residential
- 300 hours – Certified General

**(Copies of course completion certificates must accompany this application.)**

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**CERTIFICATION**

I hereby certify that all information provided herein is true and correct. I agree to furnish additional information or documentation as may be deemed necessary by the Louisiana Real Estate Appraisers Board. I acknowledge that my application for licensing by reciprocity may be rejected for cause and that the license I may obtain may be revoked for supplying false or misleading information to the board. I agree to comply with the Louisiana Real Estate Appraisers Law and the Rules and Regulations of the Board. I will perform all appraisals in compliance with the Uniform Standards of Professional Appraisal Practice (USPAP).

**IRREVOCABLE CONSENT TO SERVICE OF PROCESS AND POWER OF ATTORNEY**

I do hereby irrevocably make, constitute, and appoint the Executive Director of the Louisiana Real Estate Appraisers Board, and his successors in office, my true and lawful attorney-in-fact, and in the State of Louisiana, upon whom all process of law concerning me in any legal action or proceeding may be served, subject to and in accordance with all laws of the State of Louisiana and all amendments thereto, and I do hereby specifically agree that in any and all such legal processes of law, which may be served upon my attorney-in-fact, shall be deemed served upon me personally, and that all such processes of law served upon my attorney-in-fact shall have the same effect as if I were a resident of the State of Louisiana and have been personally served with such process of law. This Irrevocable Consent of Service is made in compliance with Section 3401.A of the Louisiana Real Estate Appraisers Law.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_  
SWORN TO AND SUBSCRIBED before me by \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_

Notary Public

**NOTICE: IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA), APPLICANTS WITH A DISABLING CONDITION MAY REQUEST SPECIAL ASSISTANCE IN COMPLETING THIS APPLICATION. PLEASE CONTACT OUR ADA COORDINATOR AT (225) 765-0191 OR 1-800-821-4529 (EXTENSION 244) FOR FURTHER INFORMATION.**