

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dps@wisconsin.gov
Website: <http://dps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INFORMATION FOR OBTAINING TEMPORARY REGISTRATION AS A REAL ESTATE APPRAISER

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application for Temporary Registration (Form #2061)**

2. **\$16.00 Initial Credentialing Fee** must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.

3. **Conviction Review Documents:** (if applicable)

Applicants who have previously held a temporary permit in Wisconsin must submit the documents listed below if the prior conviction or pending charge has not been documented as approved by DSPS within the licensing biennium of 12/15/odd-12/14/odd.

First-time applicants who have been convicted of a felony, misdemeanor, or other violation of federal, state, or local law or have criminal charges currently pending must submit the documents listed below.

1. **Convictions and Pending Charges (Form #2252)** and all supporting documentation listed on the form.

2. **\$8.00 Criminal Investigatory Bureau (CIB) Fee**

If you have questions about whether these documents are required for your application, please contact DSpscCredAppraiser@wi.gov.

Temporary Registration Information

An Appraiser who holds a current appraiser certificate in another state may use the titles described under Wis. Stats. § 458.055 when performing an appraisal in this state, if **all** of the following apply:

- The appraisal is performed in a federally related transaction.
- The appraiser's practice in this state is practice of a temporary nature.
- The appraiser completes the application and pays the fee specified in Wis. Stats. § 440.05(1) and (6).

The term "practice of a temporary nature" is defined by the Department to mean the performance of one or more appraisals by an Appraiser conducted for purposes of completing a specific appraisal assignment.

If you will be performing real estate appraisals for federally related transactions in Wisconsin on a regular basis, apply for a Real Estate Appraiser credential.

You will be held accountable for compliance with the appraiser standards as specified in the Wisconsin Statutes and Administrative rules relating to the practice of real estate appraisal.

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APPLICATION FOR TEMPORARY REGISTRATION AS A REAL ESTATE APPRAISER

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stats. § 440.12 and 440.13).

| | | | | |
|--|---|--|---|--|
| PLEASE TYPE OR PRINT IN INK | | | | <input type="checkbox"/> Your name, address, telephone and electronic address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14). |
| Last Name <input type="text"/> | First Name <input type="text"/> | MI <input type="text"/> | Former / Maiden Name(s) <input type="text"/> | |
| Address (street, city, state, zip) <input type="text"/> | | | Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/> | |
| Mailing Address (if different) <input type="text"/> | | | Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| Social Security # <input type="text"/> - <input type="text"/> - <input type="text"/> | | Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law. | | |
| Ethnicity/gender status information is optional. | | | | |
| Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other | | | | |
| Sex: <input type="checkbox"/> M <input type="checkbox"/> F | | | | |
| Have you ever been issued a temporary registration in Wisconsin as a Real Estate Appraiser? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list type and your credential number: <input type="text"/> | | | | |
| Email Address <input type="text"/> | | | | |
| Only projects that involve a Federally Related Transaction qualify for a Temporary Registration in Wisconsin. | | | | |
| Are you engaged in a Federally Related Transaction? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, provide a brief description of the project which is part of a Federally Related Transaction (i.e. location, approximate size, whether commercial or residential property). <input type="text"/> <input type="text"/> <input type="text"/> | | | | |

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- \$26.00 Certified General Appraiser Fee** (\$16 initial credential fee and \$10 temporary permit fee)
- \$26.00 Certified Residential Appraiser Fee** (\$16 initial credential fee and \$10 temporary permit fee)
- \$26.00 Licensed Appraiser Fee** (\$16 initial credential fee and \$10 temporary permit fee)

For Receiving Use Only (10/9/4)

Wisconsin Department of Safety and Professional Services

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

| | | |
|----|---|--|
| 1. | Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Provide the name of each state in which you were granted a Real Estate Appraiser credential, the credential number, date granted, and the expiration date.

| Title of Credential | State | License # | Date Granted | Expiration Date |
|---|---|---|---|---|
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Name of Lender Requesting Appraisal

Address of Lender Requesting Appraisal (street, city, state, zip)

Anticipated Starting Date:

/

Anticipated Completion Date:

/

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:

Date:

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