Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-2039
<a href="https://www.dpor.virginia.gov">www.dpor.virginia.gov</a>



Real Estate Appraiser Board PRE-LICENSE EDUCATION COURSE RENEWAL APPLICATION Fee \$150.00

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

		APPLICA	TION FEES ARE NO	T REFUNDABLE.	_		
1.	Course Provider Name						
2.	Provider's Federal Employer Identification Number						
	State law requires every applicant, who			ederal employer identification number.			
3.	Course Title						
4.	Virginia Course License Number:		4 0 0 6				
5.	Mailing Address (PO Box accepted	d)					
	The mailing address will be printed on the license.						
			City		State	Zip Code	
6.	Email Address						
7.	Name of Course Administrator						
8.	Contact Number	_					
_		Р	rimary Telephone	<del></del>			
9.	Type of Institution						
	☐ Proprietary School						
4.0	Real Estate or Real Estate	Appraisa	Organization				
10.	Course Delivery Type						
		n-line <sup>†</sup>	- Imban∳				
	•		ance Learning ance Learning courses	must include International Distance	ce Education Ce	ertification Center	
11.	Is this an Advanced Level Appraisal Course?						
	No						
	Yes						
12.	Is this an AQB Approved Course?						
	No						
	•		proval Letter to this	application.			
13.	Full Name Board-Certified Instruct						
	All pre-license courses must by ta hour USPAP courses must be taux				ite Appraiser E	3oard. All 15-	
	HOUL DOMAN COURSES HINST DE TON	Jili by an	AUD LEHIIIEU USI	<u> PAP® II ISII UCIUI</u> .			
OFFICE		ANS CODE	ENTITY #	FILE #/LICENSE #		ISSUE DATE	
USE ONLY		2020		4006			

14.	Grading information (state final examination requirements)					
15.	Attendance Policy (must be 100%)					
16.	Course Prerequisites (if any)					
17.	Course Length					
	Number of Meetings					
	Hours per Meeting					
	Meetings per Week					
	Total Course Hours					
18.	Promotion Used *					
	* If advertising is used, submit copies of advertisements and brochures.					
19.	I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect the Board's decision to approve this application.					
	Signature Date					
	Course Administrator's Signature					

## **REQUIRED ATTACHMENTS:**

Label each attachment according to the number listed below.

Attachment #1 - A Comprehensive Timed Course Outline

Attachment #2 - A Course Syllabus

Attachment #3 - A list of books, pamphlets and materials to be used by the instructor and students.

Attachment #4 - A copy of the Course Final Examination