



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**COUNCIL ON REAL ESTATE APPRAISERS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

## APPLICATION FOR APPRAISER TRAINEE

### INSTRUCTIONS

#### When to Apply

Apply **after** you have **completed** 75 hours of qualifying education (QE). You earn QE hours only from courses required by the Appraisal Qualifications Board (AQB) in its core curriculum. For information on the core curriculum, see [Real Property Appraiser Qualification Criteria](#). There is no experience or examination requirement.

You must complete

- all QE within the five-year period before you submit an application for Appraiser Trainee
- an AQB-approved Supervisory Appraiser/Trainee Appraiser course before your Trainee Appraiser license will be issued.

#### Requirements

- Submit a completed, signed and notarized [Application for Appraiser Trainee](#).
- Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware"
- Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.
- Enclose copies of your QE certificates.
  - Each course must consist of at least 15 classroom hours and include an examination.
  - At least 15 hours must be the required USPAP course.
- Enclose a copy of your AQB-approved Supervisory Appraiser/Trainee Appraiser course completion certificate.
  - You must complete this course before your Trainee Appraiser license will be issued.
  - You cannot use this course as QE.
- Arrange for the Council office to receive *Verification of Real Estate Appraiser Supervision* form (included with the application) completed and signed by your supervising Certified Real Property Appraiser (General or Residential).
  - The supervisor must send the form *directly* to the Council office.
  - If you have more than one supervisor, *each* supervisor must submit a completed and signed form.
- If you have ever been licensed or certified as an appraiser in another jurisdiction (state, U.S. territory or District of Columbia), arrange for the Council office to receive a letter of good standing sent *directly* from *one* jurisdiction where you held appraiser certification/licensure. This includes trainee permits.

When the application is complete, the Council will review it at its next meeting. If approved, the Council office will notify you.

### IDENTIFYING AND CONTACT INFORMATION

1. Name: \_\_\_\_\_  
Last First M.I.
2. Other Names Used: \_\_\_\_\_  None  
(Include maiden, other married, alternative spellings.)
3. Date of Birth (month/day/year): \_\_\_\_\_ Gender:  Male  Female
4. Have you been issued a U.S. Social Security Number? Yes  No  If yes, enter your SSN: \_\_\_\_\_  
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

5. **Residence** Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code

6. **Residence** Phone: \_\_\_\_\_ **Residence** Email: \_\_\_\_\_  None

**SUPERVISION INFORMATION**

7. Enter names of all supervisors:

SUPERVISOR NAME	DE CERTIFICATION NUMBER
	X ____ - _____
	X ____ - _____
	X ____ - _____

Arrange for the Council office to receive a *Verification of Real Estate Appraiser Supervision* form completed and signed by each supervising Certified Real Property Appraiser (General or Residential) listed above.

8. **Business** Name: \_\_\_\_\_

9. **Business** Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code

10. **Business** Phone: \_\_\_\_\_ **Business** Email: \_\_\_\_\_

**EDUCATION**

11. List each qualifying education (QE) course you have completed. Attach a separate sheet if you need more space.

COURSE TITLE	SPONSOR NAME	DATE COMPLETED (month/year)	HOURS COMPLETED

Submit copies of your QE completion certificates.

12. Have you completed an AQB-approved Supervisory Appraiser/Trainee Appraiser course? Yes  No  If yes, enter the following information about the course:

Provider: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Submit a copy of the course completion certificate. If you have not yet completed the course, you must complete it before your Trainee license will be issued.

**LICENSURE HISTORY**

13. Have you ever been an appraiser trainee or been licensed or certified as a real estate appraiser in any jurisdiction? Yes  No  If yes, list each jurisdiction:

JURISDICTION	LICENSE NUMBER

Arrange for the Council office to receive a letter of good standing *directly* from one jurisdiction where you were a trainee or you held a license or certification.

**DISCLOSURES**

14. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes  No  **If yes, submit a signed statement explaining fully.**

**Arrange for the Board office to receive State of Delaware and Federal Bureau of Investigation criminal background checks following the instructions on the *Criminal History Record Check Authorization* form.**

15. Are any criminal charges pending against you in any jurisdiction? Yes  No  **If yes, submit a certified copy of your criminal history record.**

16. Have you ever received any administrative penalties (disciplines) regarding your practice as an appraiser, including but not limited to fines, formal reprimands, license suspensions or revocation (except for license revocations for nonpayment of license renewal fees), probationary limitations, **or** have you entered into any agreements which contain conditions placed by a regulatory agency on your professional conduct and practice, including any voluntary surrender of a license, certificate or registration in Delaware or elsewhere? Yes  No  **If yes, submit a copy of the agency's order and a written explanation.**

17. Are any disciplinary proceedings or unresolved complaints pending against you in any jurisdiction where you are currently, or were previously, licensed, certified, or registered? Yes  No  **If yes, submit a written explanation.**

18. Do you have any impairment related to drugs or alcohol that would limit your ability to act as an appraiser in a manner consistent with the safety of the public? Yes  No  **If yes, submit a written explanation.**

**To ensure consideration of your license application at the next Council meeting, the Council office must receive all of these items no later than 4:30 PM ten full working days before the meeting date:**

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

**Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, allow 4-6 weeks to receive your license.**

**AFFIDAVIT**

I, the applicant, being duly sworn according to law, depose and say that the answers above set forth are true to the best of my knowledge and belief and that the application is made for the purpose of inducing the issuance of the license requested. I hereby confirm that I have read and agree to abide by all appraiser laws and rules in the State of Delaware and agree to cooperate with any investigation initiated by the Council on Real Estate Appraisers including providing relevant documents and personally appearing before the Council and/or its investigators.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

SEAL

My commission expires: \_\_\_\_\_

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE, OR SUBMITTED WITHOUT THE REQUIRED PROCESSING FEE WILL BE REJECTED.**



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## VERIFICATION OF REAL ESTATE APPRAISER SUPERVISION

### INSTRUCTIONS

Each of a Trainee applicant's supervising Certified Real Property Appraisers completes, signs and submits this form.

#### Supervisory Appraiser Requirements and Responsibilities

- You must complete an AQB-approved Supervisory/Trainee Appraiser course before supervising a trainee appraiser. Submit a copy of the course completion certificate with this form.
- You are permitted to supervise Trainee Appraisers only if you have been state-certified for at least three years.
- You are not permitted to supervisor Trainee Appraisers if the Council has disciplined you within the preceding three years.
- You may supervise up to three Trainee Appraisers at the same time.

See Section 4.2 of the Council's [Rules and Regulations](#) for information about supervisory requirements and responsibilities.

**Send the form *directly* to the Council office at the address above.**

#### TRAINEE APPLICANT – To be completed by applicant for Appraiser Trainee

Name: \_\_\_\_\_  
Last First Middle Initial

#### SUPERVISOR – To be completed by supervising Certified Real Property Appraiser (General or Residential)

1. Name: \_\_\_\_\_  
Last First Middle Initial

2. Address: \_\_\_\_\_  
City State Zip code

3. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Delaware Certified Real Property Appraiser (General or Residential) License Number: X \_\_\_\_\_ - \_\_\_\_\_

5. Have you been state-certified for at least three years? Yes  No  **If no, STOP. You are prohibited from supervising Trainee Appraisers.**

6. Have you received any administrative penalties (disciplines) regarding your practice as an appraiser during the past three years? Yes  No  **If yes, STOP. You are prohibited from supervising Trainee Appraisers.**

7. Have you completed an AQB-approved Supervisory Appraiser/Trainee Appraiser course? Yes  No  **If no, STOP. You are prohibited from supervising Trainees. If yes, enter the following information about the course:**

Provider: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Submit a copy of the course completion certificate.**

8. I certify that the Trainee applicant named above will assist in completing appraisal reports, including an opinion of value, and may co-sign the appraisal under my supervision. Yes  No

9. I certify that I will:
- actively and personally supervise the trainee Yes  No
  - review and sign the appraisal report Yes  No
  - accept total responsibility for the appraisal report Yes  No
  - review and approve the trainee's Experience Log and provide copies of any appraisal reports the trainee assisted in preparing as requested by the Council. Yes  No
  - comply with all rules and policies for supervisory appraisers. Yes  No

9. Do you supervise any Trainee other than the one named above? Yes  No  **If yes, complete the information at right:**

TRAINEE NAME	LICENSE NUMBER	JURISDICTION

10. Do you agree to notify the Council in writing when you are no longer supervising the trainee? Yes  No

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

SEAL

My commission expires: \_\_\_\_\_

# Instructions for Requesting a Criminal Background Check

**Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.**

## Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

## Locations

### **Kent County – Primary Facility**

State Bureau of Identification  
Blue Hen Mall & Corporate Center  
655 S. Bay Rd. Suite 1B  
Dover, DE 19901

**Walk-ins accepted:** Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm  
Customer Service: (302) 739-2134

### **New Castle County - Satellite Facility**

State Police Troop Two  
100 LaGrange Ave  
Newark, DE 19702  
(between Rts. 72 and 896 on Rt. 40)

**By appointment only**  
Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

### **Sussex County – Satellite Facility**

Thurman Adams State Service Center  
546 S. Bedford Street, Rm. 202  
Georgetown DE 19947  
(across from DeIDOT & Troop 4)

**By appointment only**  
Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

## Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

## Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at [www.fbi.gov](http://www.fbi.gov) – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

**Delaware State Police  
State Bureau of Identification (SBI)  
PO Box 430  
Dover, DE 19903-0430**

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.  
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.**

⇒ **ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**



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**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS**

*Please print or type all information in black ink.*

**Check the type of license for which you are applying:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment   | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT)                              | <input type="checkbox"/> Physical Therapy/Athletic Trainer                             |
| <input type="checkbox"/> Charitable Gaming Vendor  | <input type="checkbox"/> Nursing (RN, LPN, APRN)   | <input type="checkbox"/> Podiatry  |
| <input type="checkbox"/> Chiropractic  | <input type="checkbox"/> Nursing Home Administrator  | <input type="checkbox"/> Psychology  |
| <input type="checkbox"/> Dental  | <input type="checkbox"/> Occupational Therapy  | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral   | <input type="checkbox"/> Optometry   | <input type="checkbox"/> Speech/Hearing  |
| <input type="checkbox"/> Massage   | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work   |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) |  | <input type="checkbox"/> Texas Hold'em Individual                                      |

**Print your current full name:**

\_\_\_\_\_

Last Name

First Name

Middle Initial

Suffix (e.g., Jr., Sr.)

**Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

**SIGNATURE OF PERSON PRINTED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

**Mail the results of my criminal history request to:**

**Division of Professional Regulation  
861 Silver Lake Boulevard, Suite 203  
Dover DE 19904  
SLC D420A**

**USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.**