



South Carolina Department of Labor, Licensing and Regulation

South Carolina Real Estate Appraisers Board

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4630 • Contact.REAB@llr.sc.gov

www.llr.sc.gov/appr

APPRAISER RECLASSIFICATION APPLICATION

Submit the following with your application to the above address: (Incomplete application will be returned)

- Check or money order in the amount of \$140 made payable to **LLR-SC Real Estate Appraisers Board**. (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
- Copy of your valid Driver’s License, State Issued ID, Passport or Military ID
- Certificates of Completion for the required courses
- Proof of College Education (if required)
- Experience logs

What to expect once you are qualified to sit for the exam:

- The Board will notify the applicant when they are eligible to sit for the exam. Applicant will need to contact PSI Exam Services (psiexams.com) to schedule the exam and pay the \$75 exam fee directly to PSI Exam Services. A PSI Candidate Bulletin is available on the website under Applications and Forms: www.llr.sc.gov/POL/REAB
- After passing the required exam, appraiser must submit proof to the Board to finalize the upgrade process.

Check the appraiser classification for which you are applying:

**** You must not engage in, conduct or advertise in this requested appraiser classification until you are officially classified. ****

Licensed Certified Residential Certified General

To find your Congressional District: <http://www.scstatehouse.gov/legislatorssearch.php>

APPLICANT INFORMATION

Current Classification and License No.: _____

Last Name: _____ First: _____ Middle: _____

Since you were licensed, have you legally changed your name? Yes No Maiden Name: _____

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____ District: _____
Congressional District (SC Residents Only)

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Phone: _____ Email: _____

Date of Birth: _____ Social Security No.: _____

Race: _____
(For statistical purposes only)

Gender: Female Male
(For statistical purposes only)

BUSINESS INFORMATION

Company Name: _____ Phone: _____

Address: _____
Street City State Zip

PERSONAL HISTORY

If you answered “yes” to any of the below, attach details and a certified copy of the criminal plea, conviction or final order. Obtain certified copies from the clerk of court in the county where the conviction occurred, or, if a license disciplinary action, from the regulatory authority that issued the license or certification. Also attach any explanation you think the Board should consider, and if you like, letter(s) of recommendation. Your application will not be processed without these documents.

- 1. Have you had a license to practice a regulated profession or occupation in this State, another state or jurisdiction canceled, revoked, suspended or otherwise disciplined? Yes No
- 2. Have you ever been convicted of or pled guilty or nolo contendere to a crime (other than a minor traffic offense)? Yes No

PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

CERTIFYING STATEMENT

I, _____, am the person described and identified, have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I swear or affirm that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice Real Estate Appraisal in South Carolina.

Signature of Applicant _____
Date

SWORN and subscribed before me this ____ day of _____, 20_____.

Notary Signature: _____

Print Notary Name: _____ (SEAL)

Notary Public for the State of: _____

Commission Expiration Date: _____