



**APPRAISER CERTIFICATION
AND LICENSURE BOARD**
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 Salem, Oregon 97301
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 www.oregonaclb.org

For Office Use Only

CHANGE OR ADD SUPERVISING APPRAISER

REMOVE SUPERVISING APPRAISER

ADD SUPERVISING APPRAISER

Appraiser Assistant Registration No.	Expiration Date	Social Security No. (Required)	
Name (as it appears on registration)			
Last	First	M.I.	
Name of Business	Phone No.	Fax No.	
Address	City	State	Zip Code

Mailing Address (if different):

REMOVE THE FOLLOWING SUPERVISING APPRAISER(S):

Name	License / Certificate No.
Name	License / Certificate No.
Name	License / Certificate No.
Name	License / Certificate No.

ADD THE FOLLOWING SUPERVISING APPRAISER(S):
NOTE: Supervising Appraiser Endorsements Must Accompany Change Request

Name	License / Certificate No.
Name	License / Certificate No.
Name	License / Certificate No.
Name	License / Certificate No.

Acknowledgement

Registered Appraiser Assistant

- I certify that the information provided herein is true and accurate to the best of my knowledge and I understand that withholding information, falsification or misrepresentation of any information submitted as part of this change request is grounds for denial of my application.
- I certify that I have read ORS Chapter 674 and OAR Chapter 161 and understand that it is my responsibility to comply with all state regulations and that failure to comply is cause for disciplinary action.
- I understand that I cannot sign, co-sign or issue appraisal reports on properties located within the State of Oregon or represent myself in any way that would lead another party to believe that I am a licensed or certified appraiser.
- I understand that I may have more than one supervising appraiser at one time. I also understand that if I change or add a supervising appraiser, the subsequent supervisor and I must advise the Board of any changes within 10 days and receive confirmation from the Board of those changes prior to receiving experience credit and that any experience hours gained prior to proper registration or while there is any lapse in my registration will not be accepted.
- I understand that the Board conducts criminal background checks on all applicants and that my signature on this application is my consent for a criminal offender record check by the Board.
- I understand that my social security number is required pursuant to ORS 25.785 and that failure to provide my social security number is grounds to deny this application. I further understand that my social security number will be used for child support enforcement purposes, criminal background checks, national registry identification and/or taxpayer identification.

Appraiser Assistant Signature

Date

Supervising Appraiser

- I certify that I have read ORS Chapter 674 and OAR Chapter 161 and understand that it is my responsibility to comply with all state regulations which also include the Uniform Standards of Professional Appraisal Practice and that failure to comply is cause for disciplinary action.
- I have completed the Supervising Appraiser Training Course and ***my endorsement is attached to this Add or Change Supervising Appraiser form.***
- I understand that any appraiser wishing to act as a supervisor must meet the conditions set forth in OAR 161, Division 25 (Scope of Practice and Procedures).
- I certify that I will directly supervise the Applicant named herein to ensure compliance with USPAP and all applicable laws and rules as described in OAR 161-025-0025.
- I understand that my approval to act as a Supervising Appraiser may be revoked if I fail to comply with ORS Chapter 674 and/or OAR Chapter 161.

Supervising Appraiser (please print)

Lic./Cert. No.

Supervising Appraiser (Signature)

Date

Supervising Appraiser (please print)

Lic./Cert. No.

Supervising Appraiser (Signature)

Date

Supervising Appraiser (please print)

Lic./Cert. No.

Supervising Appraiser (Signature)

Date