Michigan Department of Licensing and Regulatory Affairs
Bureau of Commercial Services
Licensing Division
REAL ESTATE
P.O. Box 30243, Lansing, MI 48909
517-373-7353
www.michigan.gov/realestate

VERIFICATION OF APPRAISAL EXPERIENCE

PLEASE NOTE: Possession of an active appraiser's license with insufficient activity will not fully meet qualification requirements for a broker's license.

1. Name of Broker Applicant
2. Address (Number, Street, City, State, Zip Code)

Date of Appraisal	Property Appraised Address (Number, Street, State, Zip)	$$ Value of Property Appraised	Check One	
			Residential Property	Commercial Property

Date of Appraisal	Property Appraised Address (Number, Street, State, Zip)	$$ Value of Property Appraised	Check One	
			Residential Property	Commercial Property

AFFIDAVIT

I, being duly sworn under oath, state that the work experience listed is my own and that I personally performed these appraisals. I understand that the Department may request additional information which it deems necessary to evaluate my experience, and that I must retain supporting records for at least five (5) years from the date of this application for audit purposes.

I further swear that all statements made in this verification of my appraisal experience are true to the best of my knowledge. Information has not been withheld which might affect the decisions made regarding my experience. I am aware that a false statement or dishonest answer may be grounds for denial of this application, disciplinary action against my license, or may be punishable by law. I hereby authorize the Department of Licensing and Regulatory Affairs and its agents to investigate any statement made in this application.

STATE OF _____

COUNTY OF _____

_____
Signature of Applicant

Subscribed and sworn before me this ____day of _____ , 20 _____

_____ My commission expires: _____
Notary Public

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