

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

**A check or money order payable to the TREASURER OF VIRGINIA,
 or a completed credit card insert must be mailed with your application package.
 APPLICATION FEES ARE NOT REFUNDABLE.**

1. Course Provider Name _____

2. Provider's Federal Employer Identification Number ♦ -

♦ State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number.

3. Course Title _____

4. Virginia Course License Number: 4 0 0 6

5. Mailing Address (PO Box accepted) _____

The mailing address will be
 printed on the license.

City

State

Zip Code

6. Email Address _____

7. Name of Course Administrator _____

8. Contact Number _____
 Primary Telephone

9. Type of Institution

- ☐ Proprietary School
☐ Real Estate or Real Estate Appraisal Organization

10. Course Delivery Type

- ☐ Classroom ☐ On-line ♦
☐ Correspondence ♦ ☐ Other Distance Learning ♦

♦ On-line, Correspondence and Other Distance Learning courses must include International Distance Education Certification Center (IDECC) approval.

11. Is this an AQB Approved Course?

No ☐

Yes ☐ If yes, attach the AQB Approval Letter to this application.

12. Full Name Board-Certified Instructor _____

All pre-license courses must be taught by an Instructor certified by the Virginia Real Estate Appraiser Board. All 15-hour USPAP courses must be taught by an AQB certified USPAP® instructor. The USPAP Instructor Certification and the instructor's AQB Certification must be included with this application.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE # / LICENSE #	ISSUE DATE
			2020		4006	

13. Grading information (state final examination requirements)

14. Course Prerequisites (if any)

15. Course Length

Number of Meetings _____

Hours per Meeting _____

Meetings per Week _____

Total Course Hours _____

16. *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 - Instructor's Resume, AQB Certification, and USPAP Instructor Certification

Attachment #3 - A Course Syllabus

Attachment #4 - A list of books, pamphlets, and materials to be used by the instructor and students.

Attachment #4 - A copy of the Course Final Examination