



## RECIPROCAL APPRAISER APPLICATION

**This application is intended for applicants who are certified or licensed as real estate appraisers in another state or jurisdiction.**

Until you are officially certified or licensed by the S.C. Real Estate Appraisers Board and have received your wall certificate and pocket card, you must not engage in or conduct or advertise or hold yourself out as engaging in or conducting the business of or act in the capacity of a state certified or licensed real estate appraiser in South Carolina. Your wall certificate and pocket card will be mailed to you within two weeks of your submission of a properly completed application unless your application must be submitted for review at a meeting of the Board.

Each classification of appraiser reflects the scope of work that the appraiser may undertake and accordingly, each has differing qualifications. The scope of work for each classification may change if the federal government adjusts its guidelines.

The state certified general real estate appraiser is authorized to engage in any type of real estate appraisal activity regardless of transaction value.

The state certified residential real estate appraiser is authorized to appraise 1 - 4 unit residential properties without regard to transaction value or complexity of the appraisal and appraisals of nonresidential properties where the transaction value is less than \$250,000.

The state licensed real estate appraiser is authorized to appraise properties of non-complex 1 - 4 residential units having a transaction value less than \$1,000,000 and complex 1 - 4 residential units having a transaction value less than \$250,000; and appraisals of nonresidential properties where the transaction value is less than \$250,000.

### **Submit the following with your application to the above address:**

- Check or money order in the amount of \$390 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.)

#### **The fee covers the following items:**

- (1) Certification or license from the date of issuance until June 30<sup>th</sup> of the next renewal period (renewals are biennial in even years).
  - (2) A registry fee to be paid to the Appraisal Subcommittee of the Federal Financial Institutions Examination Council as required by federal law.
- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
  - Copy of Social Security card
  - Verification of Lawful Presence

### **Check the classification desired: (Check one only)**

- State Certified General Real Estate Appraiser  
 State Certified Residential Real Estate Appraiser  
 State Licensed Real Estate Appraiser

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

**APPLICANT INFORMATION**

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.: \_\_\_\_\_

Place of Birth: (Country) \_\_\_\_\_ 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 answer “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.

**CONSENT TO SERVICE OF PROCESS**

The undersigned applicant, being a nonresident of the State of South Carolina, does hereby irrevocably consent that, if any cause of action arises against the undersigned growing out of the undersigned's acts or omissions as real estate appraiser within the State of South Carolina, suit may be commenced against said appraiser in the county in the State of South Carolina in which the cause of action may arise, or in which the plaintiff may reside, by the service of process upon the Administrator of the South Carolina Real Estate Appraisers Board, whom the undersigned hereby designates as agent for service; and the undersigned further consents that such service shall be begun and held in all courts to be as valid and binding as if due service had been legally made upon the undersigned in the State of South Carolina.

**AFFIDAVIT**

I, \_\_\_\_\_, (please print name), have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare 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.

In making this application to the South Carolina Real Estate Appraisers Board for an appraiser apprentice permit under the provisions of Chapter 60 of Title 40 of the Code of Laws of South Carolina, I swear (or affirm) that the applicant named herein and that the answers and information provided are true to the best of my knowledge and belief. Further, I understand that any omissions, inaccuracies or failure to fully disclose can be deemed sufficient grounds to 1) deny the taking of the examination; 2) deny applicant's request for an apprentice permit; 3) withhold renewal of applicant's permit; 4) suspend or revoke the permit; 5) take any other disciplinary action against applicant which is authorized by law.

I authorize the South Carolina Real Estate Appraisers Board to interview individuals or organizations referenced in claims for satisfying educational and/or experience requirements and to inspect the applicant's appraisal files to verify information given on this application. Further, I understand and agree that upon submission of this application, the Real Estate Appraisers Board may obtain information concerning any criminal convictions. I hereby authorize any and all law enforcement departments, agencies and officials to release to the South Carolina Real Estate Appraisers Board any and all criminal history information, and further release said departments, agencies and officials from all liability. I agree to supply fingerprints for a criminal background check if requested.

I further certify that I have read and am familiar with the South Carolina Real Estate Appraiser Registration, License, and Certification Act and any Regulations promulgated by the South Carolina Real Estate Appraisers Board, and in the event I become permitted, agree to obey said Laws and Regulations.

**APPLICANT MUST PERSONALLY SIGN THIS APPLICATION BEFORE A NOTARY PUBLIC**

\_\_\_\_\_  
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: \_\_\_\_\_



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
being first duly sworn deposes and states as follows:

**Check only one box:**

1.  I am a United States citizen; or

2.  I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3.  I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4.  Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)