

REAL ESTATE APPRAISAL EXPERIENCE LOG

Authority: 1980 PA 299

Bureau of Professional Licensing PO Box 30670 • Lansing, MI 48909

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APPLICAN [*]	Г NAME:	LICENSE #:																				
Instructions: Copy as needed. Add entries in chronological order. The use of this form is not mandatory, but information requested must be provided to document appraisal experience as required by the Michigan Occupational Code, PA 299 of 1980. ASSIGNMENT IDENTIFICATION Instructions: Under Property Type, indicate VL for Vacant Land, IND for Industrial or C1 for Single-Tenant Commercial Properties or CM for Multiple-Tenant Commercial Properties, R1 for					Type of Report S.R. 2- 2 (a) (b)		Complexity													Hours uested		
Single Family Residential & RM for 2-4 Family Residential Properties. All appraisal reports must indicate which tasks the Applicant (A) and Supervisor (S) completed. Separate experience logs shall be maintained/submitted for each supervising appraiser if applicable.						Report	×		ervisor	vised	u.	ion	lysis	ation ales	_ ا	Ę	ch	ion	_	N)		_
Date of Report & Number, if applicable		Property Address, City, State, Zip Code	Residential	Non-Residential	Appraisal Report	Restricted Appraisal Report	N = Non_Complex	C = Complex	cant S-Supervisor	Inspection was Supervised	ection was supervis Interior Inspection	Land/Site Inspection	Neighborhood Analysis & Description	Research & Verification of Comparable Sales	Cost Approach	Sales Approach	Income Approach	Final Reconciliation	Other: Explain on Separate Page	Signature on Report & Certification (Y/N)	Residential	Non Residential
Date of Report	Number			Ž	Ą	Restrict	ž		A -Applicant	Inspect	lnt	Lan	Neigh {	Rese of C		0)	ul	Fin	Oth	Sign S S		Z
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Supervisor Certification														Tota	l This	Dage:						
		ation below I acknowledge that it is the joint responsibility of both the Supervisory Apprai																TOLA	11115	raye.		
AQB, which is	applicable laws, administrative rules, and applicable regulations for the appraiser profession. I certify that I have completed a course that, at a minimum, complies with the specifications for course content established by the AQB, which is specifically oriented to the requirements and responsibilities of Supervisory Appraisers and Trainee Appraisers. I certify that the experience documented in this log is USPAP compliant and has been obtained												ed	TOTAL HOURS:								
by time spent in the appraisal process according to all applicable laws, rules, and AQB Criteria. I certify all information in this log to be true and correct and understand that any misrepresentation or fraud may be cause for disciplinary action. I understand all licensees may be subject to an audit of applicable records by the Department and failure to properly maintain records or provide evidence of compliance may be cause for disciplinary action. I certify that I am a state-certified appraiser in good standing for not less than three (3) years prior to acting as a Supervisory Appraiser. I am not supervising more than three (3) Trainee Appraisers at one time.												or										
Supervisor's Name: Supervisor					ture:													Page Noo				
License #: Date:																						