



REAL ESTATE APPRAISAL EXPERIENCE LOG

Authority: 1980 PA 299

Bureau of Professional Licensing
 PO Box 30193 • Lansing, MI 48909
 Telephone: (517) 241-9288
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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 Single Family Residential & RM for 2-4 Family Residential Properties.

Date of Report & Number, if applicable		Property Address, City, State, Zip Code	Property Type		Type of Report S.R. 2-2 (a) (b)		Complexity		Check applicable description of work performed											Total Hours Requested			
			A - Applicant	S - Supervisor	Residential	Non-Residential	Appraisal Report	Restricted Appraisal Report	N = Non-Complex	C = Complex	Supervised Inspection Y/N	Interior Inspection	Land/Site Inspection	Neighborhood Analysis & Description	Research & Verification of Comparable Sales	Cost Analysis	Sales Analysis	Income Analysis	Final Reconciliation	Other - Explain on Separate Page	Signature on Report & Certification (Y/N)	Residential	Non Residential
Date	Number																						

Supervisor's Signature _____

License: _____

Total This Page: _____

Date: _____

TOTAL HOURS: _____

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