

Legal Name (First, Middle, Last)

Bureau of Professional Licensing PO Box 30670 ● Lansing, MI 48909 Telephone: (517) 241-9288

Date of Birth

www.michigan.gov/bpl BPLHelp@michigan.gov

LIMITED REAL ESTATE APPRAISER LICENSE APPLICATION (This Form Should Not Be Used For License Renewal)

U.S. Social Security Number

Authority 1980 PA 299, MCL 338.3434a

<u> </u>	Address					City				
State	Zip Code	Telepl	hone Number		E-Mail Address					
EDUCATION: Course P	Please complete the follow	ing information rega Course Name	• • • •			ad I (Classroom Hours	Official Use Only		
Course Pi	rovider	Course Name			Date Completed		Jiassroom Hours	Official Use Offiy		
			Total	Classroom	Hours Earned					
Supervisory Ir	nformation:									
	suance of the limited license e as well as the date super		ory/trainee letter	to the Depar	tment, listing th	e name and	d permanent ID num	ber of the supervisor		
Name of Intended Supervisor						Permane	nt ID Number			
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Good Moral Character Question		
Answering "yes" to the following question may not automatically prevent you from obtaining a license. In evaluating will consider whether the substance of your former offense is reasonably related to the profession to which you are seemay request a preliminary determination from the Department concerning whether any court judgments against you was failing to meet the good moral character requirement. More information about requesting a preliminary determination of	eking a license. Also ould likely result in a	o, please know that you a denial of a license fo
If you answer "yes" to this question, you must complete and submit the Request for Conviction History form AND current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are former offense is not reasonably related to the occupation or profession for which you are seeking a license. D employability, if applicable.	e rehabilitated, or th	at the substance of the
Have you ever been convicted of a felony?	Yes	No
Certification and Signature		
I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepres of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain a 338 3434a		

LARA/BPL-APPLIMIT (Rev. 09/19)

Signature

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Date