

of ALASKA

Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing

Real Estate Appraisers Program

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501 Phone: (907) 269-7140

Email: BoardOfRealEstateAppraisers@Alaska.Gov Website: ProfessionalLicense.Alaska.Gov/BoardOfRealEstateAppraisers

Verification of Work Experience/Determination of Competency

(For Transition Applicants Only)

Trainee Appraiser Name:	Certific		cate Number:	
Supervisor Name:	Certific		cate Number:	
Supervision Start Date:		Determination Date:		
> Supervisor: Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Real Estate Appraisers Program at the letterhead address.				
1. I was professionally associated with the above-named applicant during the following dates:				
Start Date: (mm/yyyy)		End Date: (mm/yyyy)		
2. My professional relationship to the applicant is:				
Licensed Construction Contractor Federal of State Regulated Lender An Officer of a State or Former Employer of the Applicant Present or Former Employer of the Applicant				
An officer of a company that customarily uses the services of a real estate appraiser who has recent knowledge of the applicant's experience on that company's behalf.				
During the above-stated period I have determined that the above real estate appraiser trainee has demonstrated his/her ability under the Competency Rule which states in the Uniform Standards of Professional Appraisal Practice that an appraiser must: 1. Be competent to perform the assignment. 2. Acquire necessary competency to perform the assignment, or 3. Decline or withdraw from the assignment. I observed that this trainee real estate appraiser has demonstrated: The ability to properly identify the problem to be addressed, and;				
The knowledge and experience to complete the assignment competently and;				
Recognition of, and compliance with, laws and regulations that apply to the appraiser or to the assignment.				
Supervisor Signature:			Date Signed:	