

IDAHO REAL ESTATE APPRAISER BOARD
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Boise ID 83714 or
PO Box 83720, Boise Idaho 83720-0063
Phone: (208)-334-3233 Website: <https://dopl.idaho.gov>
E-mail: rea@dopl.idaho.gov

APPLICATION INSTRUCTIONS FOR TEMPORARY PERMIT

If you are applying for a temporary practice permit, please complete and submit the following for review by the Idaho Real Estate Appraiser Board.

Application Checklist for a Temporary Practice Permit:

- ___ Complete the application. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. **Incomplete applications that do not include all the items required will delay your permit.**
- ___ Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.
- ___ Legal description **and** the address of the Appraisal Assignment must be provided.
- ___ Copy of the engagement letter from the client to the appraiser listing each property under one assignment must be included if the application is for more than one property.
- ___ Read and sign the Consent to Service of Process and Affidavit and have your signature notarized.
- ___ Enclose the application fee of \$75.00. Please make checks and money orders payable to Idaho Division of Occupational and Professional Licenses (DOPL). All returned checks are subject to a \$20.00 fee and the application will be invalid. FEES ARE NOT REFUNDABLE.

Other Instructions:

- All applicants must review the Idaho Laws and Rules prior to licensure. Please note that according to Idaho Code §§ 54-4103 and 54-4119, you must be licensed or certified prior to any practice or solicitation of real estate appraising in Idaho. The Laws and Rules governing Real Estate Appraiser Licensure can be viewed at <https://dopl.idaho.gov> under the Real Estate Appraisers link.
- Please be sure to keep a copy of this application for your records.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.

CONSENT TO SERVICE OF PROCESS AND AFFIDAVIT

I hereby irrevocably consent, stipulate and agree that any service of process in any action against me arising out of my activities as a state licensed or certified real estate appraiser may be made by delivery of said process on the board.

I hereby certify under penalty of perjury that the responses provided above and those attached to this application are true and accurate to the best of my knowledge and belief and that I will furnish all additional information or documentation as may be deemed necessary for the verification of the information provided.

I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing Real Estate Appraiser practice. I hereby authorize and direct any person, agency, firm, or other entity to release to, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, report, communication, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying.

I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential. Upon oath I certify that: (1) I am the applicant named in and who has signed this application; (2) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (3) I have read and will conform to the Laws, Rules and ethical requirements governing the profession for which I am seeking a license or authority to practice; (4) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws, Rules or ethical requirements governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (5) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (6) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; (7) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof; and (8) every statement made and all information presented in this application and any addendum or other attachment submitted herewith is true and correct.

Signature of Applicant

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____