

**Real Estate Appraiser Board**  
**PRE-LICENSE EDUCATION COURSE RENEWAL APPLICATION**  
**Fee \$25.00**

**A check or money order payable to the TREASURER OF VIRGINIA,  
 or a completed credit card insert must be mailed with your application package.  
 APPLICATION FEES ARE NOT REFUNDABLE.**

1. Course Provider Name \_\_\_\_\_
2. Provider's Federal Employer Identification Number <sup>❖</sup>

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 ❖ State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number.
3. Course Title \_\_\_\_\_
4. Virginia Course License Number: 

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5. Mailing Address (PO Box accepted) \_\_\_\_\_  
 The mailing address will be printed on the license.  
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 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
6. Email Address \_\_\_\_\_
7. Name of Course Administrator \_\_\_\_\_
8. Contact Number \_\_\_\_\_  
 Primary Telephone
9. Type of Institution  
 Proprietary School  
 Real Estate or Real Estate Appraisal Organization
10. Course Delivery Type  
 Classroom       On-line <sup>♦</sup>  
 Correspondence <sup>♦</sup>       Other Distance Learning <sup>♦</sup>  
 ♦ On-line, Correspondence and Other Distance Learning courses must include International Distance Education Certification Center (IDECC) approval.
11. Is this an Advanced Level Appraisal Course?  
 No   
 Yes
12. Is this an AQB Approved Course?  
 No   
 Yes  If yes, attach the AQB Approval Letter to this application.
13. Full Name Board-Certified Instructor \_\_\_\_\_

All pre-license courses must be taught by an Instructor certified by the Virginia Real Estate Appraiser Board. All 15-hour USPAP courses must be taught by an AQB certified USPAP® instructor. The USPAP Instructor Certification and the instructor's AQB Certification must be included with this application.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			2020		4006	

14. Grading information (state final examination requirements)

15. Attendance Policy (must be 100%)

16. Course Prerequisites (if any)

17. Course Length

Number of Meetings \_\_\_\_\_

Hours per Meeting \_\_\_\_\_

Meetings per Week \_\_\_\_\_

Total Course Hours \_\_\_\_\_

18. Promotion Used \*

\_\_\_\_\_

\* If advertising is used, submit copies of advertisements and brochures.

19. *I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect the Board's decision to approve this application.*

Signature \_\_\_\_\_

Course Administrator's Signature

Date \_\_\_\_\_

**REQUIRED ATTACHMENTS:**

Label each attachment according to the number listed below.

Attachment #1 - A Comprehensive Timed Course Outline

Attachment #2 - Instructor's Resume, AQB Certification, and USPAP Instructor Certification

Attachment #3 - A Course Syllabus

Attachment #4 - A list of books, pamphlets, and materials to be used by the instructor and students.

Attachment #4 - A copy of the Course Final Examination