

**Real Estate Appraiser Board**  
**PRE-LICENSE EDUCATION COURSE RENEWAL APPLICATION**  
**Fee \$150.00**

**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 ♦ 

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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.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 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 ♦  
☐ Correspondence ♦      ☐ Other Distance Learning ♦  
 ♦ 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