

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
STATE OF NEW HAMPSHIRE  
DIVISION OF TECHNICAL PROFESSIONS

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PETER DANLES  
Executive Director

LINDA CAPUCHINO  
Division Director



**REAL ESTATE APPRAISER RENEWAL FORM**

**Part I. LICENSEE INFORMATION**

NAME \_\_\_\_\_  
 CERTIFICATE or LICENSE # NH \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 BUSINESS NAME & ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
 Indicate mailing address by check box EMAIL ADDRESS \_\_\_\_\_

STATE AND COUNTY OF LEGAL ADDRESS: \_\_\_\_\_  
 Please attach a sheet with all other addresses at which you are currently engaged in the business of preparing real estate appraisal reports.

Part II. FEE SCHEDULE	CRITERIA	PAYMENT INFORMATION
<input type="checkbox"/> Renewal Fee \$400.00	Payable by last day of the month of licensee's birth.	Make check payable to "Treasurer, State of New Hampshire" <b>OR</b> use the enclosed credit card sheet
<input type="checkbox"/> Late fee \$50.00	Include \$50.00 in addition to the regular fee for renewal of a license up to 6 months after license expiration.	
<input type="checkbox"/> First Time Renewal \$400.00	Licensee's whose licensure period is less than 18 months are only required to have 14 CEH's.	
<input type="checkbox"/> Apprentice Renewal Fee \$150.00	Apprentice Renewals are 150.00 per year. Apprentices are required to have 14 CEH's per year.	

PART III. QUESTIONS	Include an explanation if "yes"	YES	NO
1. Have you, since the last renewal, been convicted of any felony or misdemeanor that has not been annulled by a court pursuant to RSA 651:5 and, if not annulled, the name of the court in which the conviction occurred, the details of the offence, the date of the conviction and the sentence imposed.		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had any disciplinary or legal action brought against you by any Board or licensing authority?		<input type="checkbox"/>	<input type="checkbox"/>

**PART IV. CERTIFICATION**

**RULES OF PROFESSIONAL CONDUCT**

I certify to the best of my understanding, knowledge and belief that I have adhered to and agree to abide by the ethical and professional standards of New Hampshire Code of Administrative Rules Rab 500 and USPAP; and

**CONTINUING EDUCATION**

I attest that the information contained in this form and the attached continuing education activity log is true and correct to the best of my knowledge and belief and complies with the minimum of 14 pre-approved continuing education hours per year as required by Rab 403. I further acknowledge that the provision of materially false information in the application knowingly provided is a basis for denial and if it is discovered after the license is renewed, is a basis for disciplinary action by the board:

SIGN HERE

DATE:



## Credit Card Sheets are not accepted via e-mail

**You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.**

Transaction Type:		Amount Due:	
Card Type: (please select one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <b>(required)</b>			
Card Number			<b>(required)</b>
Expiration Date:	Month:	Year:	<b>(required)</b>
Billing Name and Address (your billing address must match the address associated with the credit card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			

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# CONFIDENTIAL