

Non-Resident Renewal

Registration # \_\_\_\_\_ Current Expiration Date: \_\_\_\_\_ Documents Mailed/By \_\_\_\_\_

## Arkansas Appraiser Licensing and Certification Board

900 West Capitol Avenue, Suite 400

Little Rock, AR 72201

501-296-1843 www.arkansas.gov/alcb

	WW.arkansus.govvareo				
Pymt Type	Ck Date	Ck #	Amt	Processed Date/By	
		DO NOT WRI	TE ABOVE THIS LINE		
	NON-RI	ESIDENT LICE	NSE OR CERT	TIFICATION	
		NEWAL/REINS			
		-			
				rkansas who are renewing a current annual nor i inactive for less than (12) twelve months.	
tructions: Please type	e or print legibly in ink	the following informati	ion and submit:		
		ce of Legal Process for			
		to the Arkansas Appraise	•	ation Board (AALCB)	
		of \$75. $($340 - $75 = $26$			
$\square$ 14 nrs of CE co	mpletion certificates,	, completed within the pr	rior 12 months		
e Non-Resident cred					
) State Licensed Ap	praiser (	) State Certified Reside	ential Appraiser	( ) State Certified General Appraiser	
sident State:		Reside	nt State Appraiser C	redential Number:	
		Arkans	sas Appraiser Creden	tial Number:	
ll Legal Name:					
La	st,	Firs	st	Middle Name	
y Other Name(s) Kr	10wn As:				
ender:	SSN:		Birthdate:		
	RESIDENCE		DUSINESS (In	dicate "SAME," if same as Residence.)	
	<u>RESIDENCE</u>		<u>BUSINESS (III</u>	ulcate SAIVIE, Il saine as Residence.	
	Street Address			Street Address	
City, State, Zip			City, State, Zip		
Please indicate you	r primary mailing ad	dressResidence	Business		
		LCB will list on both t		C Rosters.	
Home #:		Cell #:		Business #:	
nail (We send notified	cations via email.):				
Yes No	• I certify that I am	in good standing as ar	n appraiser in every i	urisdiction where credentialed.	
100100	•	CB Rules Section (II)			

I certify that I have read and understand this renewal form and that the answers given herein are true, correct and complete. I will furnish all additional information or documentation requested by the Arkansas Appraiser Licensing and Certification Board (AALCB) for verification of the information given in this renewal form. I understand that failing to provide information or providing information that is false, misleading or fraudulent is grounds for denial of my renewal or revocation of my credential.

I agree that the Board may send all notices and communications concerning my credential to my email address on file with the board.

By signing this renewal form and under penalty of perjury, I certify that I am the person whose name and address appear on this application and certify that all the information I have given on this renewal form is true, correct, and complete.

Applicant's Signature

Date

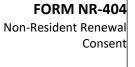
I, the undersigned notary public, certify that the above-named individual appeared before me in person and acknowledged signing the foregoing instrument for the purposes therein set forth on this the \_\_\_\_\_day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public Signature

State of: \_\_\_\_\_

County of:

My Commission expires: \_\_\_\_\_



Registration #:\_



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## NON-RESIDENT RENEWAL

## **CONSENT FOR SERVICE OF LEGAL PROCESS**

In accordance with ACA 17-14-101 et seq., "Arkansas Appraiser Licensing and Certification Act 541/1991," this consent form is to be completed by non-resident real estate appraisers renewing his or her non-resident license or certification.

I, the below undersigned, do hereby, irrevocably consent that suits and actions arising out of any of my appraisal work in Arkansas may be commenced against me in the proper court of any county of Arkansas in which the cause of action arose or in which the plaintiff resides, by the service of legal process on the Secretary of State. I agree that such service on the Secretary of State shall be acknowledged in all courts to be valid and binding as if personal service of process had been made upon me.

Applicant's Printed Name				_
Applicant's Street Address,	City,	State,	Zip	_
Applicant's Signature	Date			
I the undersigned notery public cartify that the shouse named individual on	noored hefore main n	arean and asknowledge	ad signing	
I, the undersigned notary public, certify that the above-named individual app the foregoing instrument for the purposes therein set forth on this the	peared before me in p day of	erson and acknowledge	, 20	

Notary Public Signature

State of:

County of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_