



**FORM TEMP-501**  
Temp Practice Application

Registration # \_\_\_\_\_  
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

| Pymt Type                           | Ck Date | Ck # | Amt | Processed Date/By |
|-------------------------------------|---------|------|-----|-------------------|
| <b>DO NOT WRITE ABOVE THIS LINE</b> |         |      |     |                   |

### TEMPORARY PRACTICE PERMIT APPLICATION

The State of Arkansas will recognize temporarily the certificate or license of a real estate appraiser in good standing issued by another state if the appraiser’s business is of a temporary nature, the appraiser registers with the Arkansas Appraiser Licensing & Certification Board (AALCB) before beginning the assignment and pays the required temporary practice permit fee. The temporary practice permit is only valid for a single appraisal assignment. A single appraisal assignment may include one or more properties under one contract for a single client.

Instructions: Please type or print legibly in ink the following information and submit:

- Temporary Practice Permit Application** form and **Consent for Service of Legal Process** form (notarized)
- \$150**, check or money order, payable to the Arkansas Appraiser Licensing & Certification Board (AALCB)

The Temporary Practice Permit is for:  
 ( ) State Licensed Appraiser      ( ) State Certified Residential Appraiser      ( ) State Certified General Appraiser

Resident State: \_\_\_\_\_ Resident State Appraiser Credential Number: \_\_\_\_\_  
 If previously held, Arkansas Appraiser Credential Number: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
Last, First, Middle Name

Any Other Name(s) Known As: \_\_\_\_\_

Gender: \_\_\_\_\_ SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_

|                         |
|-------------------------|
| <b><u>RESIDENCE</u></b> |
| Street Address          |
| City, State, Zip        |

|   |
|---|
| <b><u>BUSINESS (Indicate “SAME,” if same as Residence.)</u></b> |
| Street Address  |
| City, State, Zip  |

**Please indicate your primary mailing address.**    \_\_\_ **Residence**    \_\_\_ **Business**

|         |         |             |
|---------|---------|-------------|
| Home #: | Cell #: | Business #: |
|---------|---------|-------------|

**E-Mail:** \_\_\_\_\_  
 (We will send notifications out via e-mail. This information must be kept current.)

**THE APPRAISAL ASSIGNMENT:**

Name of the Client: \_\_\_\_\_

Type of property being appraised. (i.e. Industrial Building, Farmland, etc.): \_\_\_\_\_

Specific Property Address(es) to be appraised (including city, county and state): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated time to complete the assignment: \_\_\_\_\_

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

I certify that I have read and understand this application 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 application. I understand that failing to provide information or providing information that is false, misleading or fraudulent is grounds for denial of this application or revocation of my credential.

By signing this application 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 application 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: \_\_\_\_\_



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## **TEMPORARY PRACTICE PERMIT APPLICATION 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 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 \_\_\_\_ .

State of: \_\_\_\_\_  
County of: \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature