



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
DO NOT WRITE ABOVE THIS LINE				

TRANSFER APPLICATION FOR LICENSE OR CERTIFICATION

Arkansas statutes provide for the transfer of appraisers who move to Arkansas and are currently certified or licensed in other jurisdictions, provided the appraiser is coming from a State (Home State) that is “in compliance” with Title XI as determined by the Appraisal Subcommittee; the appraiser holds a valid credential from his or her Home State; the applicants background meets AALCB qualifications, and the Home State is deemed to have substantially equivalent licensing and certification requirements.

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

- Transfer Application** form (notarized)
- \$340**, check or money order, payable to the Arkansas Appraiser Licensing & Certification Board (AALCB)
- most recent 7-hour USPAP Update** completion certificate

The credential 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: _____

<u>RESIDENCE</u>	
Street Address	
City, State, Zip	County

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

Please indicate your primary mailing address. _____Residence _____Business

NOTE: This will also be the address AALCB will list on both the Arkansas and ASC Rosters.

Home #:	Cell #:	Business #:
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E-Mail: _____
 (We will send notifications out via e-mail. This information must be kept current.)

Workforce Waiver – Initial Application Fee

As mandated by Act 725 of 2021, the entities under the Arkansas Department of Labor and Licensing have implemented a waiver of the initial licensing fee for applicants who qualify for the Workforce Expansion Act of 2021. If the initial applicant is currently receiving assistance through the Arkansas Medicaid Program, Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Temporary Assistance for Needy Families Program (TANF), Lifeline Assistance Program and/or the applicant was approved for unemployment within the last twelve (12) months and/or the applicant's income does not exceed two hundred percent (200%) of the federal poverty income guidelines that applicant may qualify for the waiver.

If you meet the qualifications for the Workforce Waiver, please download an Affidavit for Application Fee Waiver form from our website or contact our office at (501) 296-1843 or diana.piechocki@arkansas.gov to request the waiver form. Submit the completed form with your application.

_____ Yes or _____ No Have you ever (1) been convicted of or pled guilty or *nolo contendere* to a criminal offense (Include ALL felonies and misdemeanors, including DWI and DUI. You do not have to include traffic tickets); (2) been granted first offender treatment upon being charged with any criminal offense; (3) been placed on probation, community supervision, or deferred adjudication; or (4) are there any criminal charges pending against you? If marked yes, submit copies of all indictments, information, judgments, orders and charges, and a written explanation.

Please initial the following:

_____ 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.

_____ I certify that I understand and give consent for a state criminal background check performed by the Identification Bureau of the Department of Arkansas State Police and a national fingerprint-based criminal background check performed by the Federal Bureau of Investigation (FBI) in compliance with federal law and regulations to be completed. A copy of the Noncriminal Justice Applicant's Privacy Rights (below) is a part of this application.

AALCB Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The official must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulations or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34).

¹Written notification includes electronic notification but excludes oral notification.

²See 28 CFR 50.12(b).

³See 5 U.S.C. 552a (b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d)

Privacy Act Statement

This privacy act statement is located on the back of the [FD-258 fingerprint card](#).

Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

By signing this application and under penalty of perjury, I certify that I am the person whose name and address appear on the 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: _____