



APPLICATION FOR WORK PRODUCT REVIEW

P.O. Box 12188, Austin, Texas 78711-2188

FEES	RECEIPT NUMBER	AMOUNT	MONEY TYPE	DATE RECEIVED
WORK PRODUCT REVIEW		\$100.00		

DO NOT WRITE ABOVE THIS LINE

**ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.
MAKE CHECKS OR MONEY ORDERS PAYABLE TO TALCB. FEES ARE NON-REFUNDABLE.**

Be sure to include a completed appraisal report and corresponding work file. Documentation may be submitted via hard copy or electronically in PDF format. Do not send originals as your submission will not be returned.

1. Full Name: _____

Last
First
Middle

2. License Number: _____ **3. Expiration Date:** _____

4. Mailing Address and Contact Information: (Post Office Box may be used)

Number, Street and Apt No.

City State Zip Code Phone Number

E-mail Address

5. Appraisal Report Information:

Subject Location (address, city, state) Report Date

Indicate the portion(s) of the appraisal you performed:

<input type="checkbox"/> Site Inspection & Descriptions	<input type="checkbox"/> Cost Analysis
<input type="checkbox"/> Building Inspection & Descriptions	<input type="checkbox"/> Sales Analysis
<input type="checkbox"/> Neighborhood Description & Analysis	<input type="checkbox"/> Final Reconciliation
<input type="checkbox"/> Highest & Best Use Analysis	<input type="checkbox"/> Subject Listing/Sales Analysis
<input type="checkbox"/> Research of Comps-Sales	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Income Analysis	_____

Supervisory Appraiser Name: _____ **License Number:** _____
**for the appraisal report being submitted*

CERTIFICATION OF APPLICANT

I certify that the above information is true and correct and represents verifiable and acceptable experience for which I am responsible.

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 Texas Appraiser Licensing and Certification Board (TALCB) for verification of the information 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 license or other disciplinary action.

I understand that information submitted in conjunction with this application may be subject to public disclosure or inspection in accordance with the Public Information Act (Chapter 552, Government Code).

Applicant's Signature

Date Signed

ACKNOWLEDGMENT OF SUPERVISORY APPRAISER

I acknowledge that I am/was the supervisory appraiser for the Applicant and signed the report being submitted in conjunction with this application.

I have read and understand this application and acknowledge that the Applicant is requesting the Board review the Applicant's work product for compliance with the Uniform Standards of Professional Appraisal Practice ("USPAP").

Supervisory Appraiser's Signature

Date Signed

PRIVACY NOTICE

In accordance with Chapter 559, Government Code, the following notice about certain information laws and practices is given.

- (1) With few exceptions, an individual is entitled on request to be informed about the information that a state governmental body collects about the individual.**
- (2) Under Sections 552.021 and 552.023 of the Governmental Code, the individual is entitled to receive and review the information.**
- (3) Under Section 559.004 of the Governmental Code, the individual is entitled to have the governmental body correct information about the individual that is incorrect.**