



CONTINUING EDUCATION ATTACHMENT

- ▶ *Type or print clearly in blue or black ink and provide an original signature.*
 - ▶ *The final examination cannot be used towards course hours.*
 - ▶ *You must attach copies of documentation which verifies successful completion of courses such as school transcripts, course completion certificates, report cards or written verification, dated and signed, from the course instructor or other appropriate school official.*
 - ▶ *Highlight courses you wish to use as qualifying education on your college transcripts or written verification.*
- ▶ *If you have any question, please write to the address listed or call (916) 552-9000.*
 - ▶ *Mail completed application, fee and qualifying documentation to:*

BUREAU OF REAL ESTATE APPRAISERS
Attn: Licensing
3075 Prospect Park Drive, Suite 190
Rancho Cordova, CA 95670

1. Current License Number		
2. Name		
<i>Last</i>	<i>First</i>	<i>Middle</i>

*List below the courses you have taken which meet the continuing education requirements for the type of license for which you are applying.
 Please attach additional sheets if necessary.*

3. Course Title and Approval Number	4. Hours	5. Date Completed	6. BREA Approval Number
Uniform Standards of Professional Appraisal Practice			
Federal and State Laws and Regulations			
7. Total Education Hours			

I certify under penalty of perjury that the foregoing information and information provided on all attachments is true and correct and that I have answered each question fully and truthfully and without any purpose of evasion or mental reservation. I understand that providing false information is grounds for denial or revocation of any license and may subject me to disciplinary action and/or criminal prosecution and that, if licensed, I will not violate the provisions of the Real Estate Appraisers' Law nor abuse the privileges of a real estate appraiser license. I understand that if I fail to qualify for this license for any reason or withdraw this application, the Bureau of Real Estate Appraisers cannot refund the fees submitted with this application.

Signature _____
Date

INSTRUCTIONS

- 1. CURRENT LICENSE NUMBER** - Your license number as it appears on your current license.
- 2. NAME** - Your name as it appears on your current license.
- 3. COURSE TITLE** - The name of the completed course. Each licensee must complete the 7 hour National USPAP Update Course as well as the 4 hour Federal and State Laws and Regulations Course.
- 4. HOURS** - The course duration hours. Do not include time spent for final examination.
- 5. DATE COMPLETED** - The date the course was completed.
- 6. BREA APPROVAL NUMBER** - The BREA approval number assigned to the course listed.
- 7. TOTAL CONTINUING EDUCATIONAL HOURS** - Calculate and enter the total number of acceptable education hours submitted for consideration.