| Application For Approved Appriaser  |      |     |
|---|------|-----|
| General Information   |      |     |
| Appraiser Name:   |      |     |
| Company Name:   |      |     |
| Other Contact Name:   |      |     |
| Company Address:  |      |     |
| E-mail Address:  All vendors must be able to receive all assignments via e-mail   |      |     |
| Cell Phone:   |      |     |
| Office Number:  |      |     |
| • Fax Number:   |      |     |
| <b>Qualifications:</b>  |      |     |
| • State Certification License Number #:   |      |     |
| Expiration Date:  |      |     |
| Are you FHA approved?   | Yes: | No: |
| <ul> <li>Have you ever had any Real Estate<br/>License suspended, restricted or<br/>revoked:</li> </ul>   | Yes: | No: |
| If yes, please explain:   |      |     |
| <ul> <li>Do you currently carry E&amp;O insurance?</li> </ul>   | Yes: | No: |
| Please provide a copy   |      |     |
| List all counties that you cover:   |      |     |
| How many orders will you accept<br>per day?   |      |     |
| <ul> <li>By my signature below, I hereby warrant that all the above information is true and correct, and that I give Pacific Home Appraiser permission to verify my references, and other documentation submitted. Please enclose the following: <ol> <li>Copy of license</li> <li>W-9 tax Form</li> <li>E&amp;O Insurance</li> <li>Resume</li> </ol> </li> </ul> |      |     |
| Signature: Date:  |      |     |
| For Office Use Only  Paviawad and approved by:  |      |     |
| Reviewed and approved by:   |      |     |
| Date:   |      |     |