

West Virginia Real Estate Appraiser Licensing and Certification Board

Phone: 304.558.3919 FAX: 304.558.3983

Email: wvappraiserboard@wv.gov

Military Member/Veteran/Spouse Initial License Fee Waiver and Military Service Verification

Please type or print clearly in ink. Form must be attached to your completed application. Failure to submit this form and supporting documentation as required in 190CSR2-16 will result in a delay of processing your request of licensure.

Applicant Informa	ation:				
Last Name:	First Name:	MI:	Suffix:		
Social Security Numbe	r:	Date of Birth:	Gender: Male	Female	
Email Address:		Phone Number:	:		
Alt. Email Address:		Alt. Phone Number:			
Contact Informati	on:				
Street Address or PO Box	:				
City:	State:		Zip:		
County:		Country:			
Affirmation by Wr	itten Declaration:				
Virginia Real Estate A written declaration h that I have read the f any material informa	appraiser Licensing and C as the same legal effect foregoing application and	Certification Board. I under as an oath or affirmation d the facts stated in it are may result in criminal pe	by 190CSR2-16 Rule of the erstand that my signature in Under penalties of perjustrue. I understand that family or administrative actions.	on this Iry, I declare alsification of	
rint Name					

The disclosure of the Social Security number is required on all applications for Professional Occupation Licensure in West Virginia under WV Code § 30-1-6 (d).