



State of Oklahoma
REAL ESTATE APPRAISER BOARD

3625 N.W. 56th St., Suite 100, Oklahoma City, Oklahoma 73112
Phone: (405) 521-6636 Fax: 522-6909 Email: reabadmin@oid.ok.gov
Website: www.reab.oid.ok.gov

APPLICATION FOR RECIPROCITY

License/Certification fee for Oklahoma is \$340.00 per year. Complete the statement below and send with the appropriate fee to the Oklahoma Real Estate Appraiser Board, 3625 NW 56th Street, Suite 100, Oklahoma City, Oklahoma 73112.

STATEMENT OF APPLICANT FOR CERTIFICATION BY RECIPROCITY

I, _____, am a legal resident of the State of _____ and desire to obtain a real estate appraiser license or certification in the State of Oklahoma by reciprocity.

My residence address is: _____

My business address is: _____

Home Phone: _____ Business Phone: _____

State Certification Number: _____ SSN: _____

Date of Birth: _____ Send mail to: Office _____ Home _____

E-Mail Address: _____

- 1. Have you ever been rejected for appraiser Licensure/Certification in this or another licensing jurisdiction? Yes ___ No ___
2. a) Has any other state ever refused, revoked, suspended, fined or terminated any occupational credential you may have held? Yes:___ No ___
b) Have the authorities of any state ever called you before them for any alleged violation(s) of laws involving any occupational license you may have held or taken administrative action against any such Occupational license? Yes:___ No ___

NOTICE: If you answered yes to any of the questions above, provide details in your own words on a separate sheet and attach copies of appropriate documents.

I have read and agree to comply with all provisions of the Oklahoma Real Estate Appraisers Act.

Pursuant to 59 O.S. (Supp. 1990) Section 858-715(A), I hereby designate the Secretary of State of Oklahoma as the person upon whom may be served all lawful process in any action, suit or proceeding instituted by or on behalf of any interested person arising out of my activities as an Oklahoma Licensed/Certified Real Estate Appraiser in the State of Oklahoma.

State of _____

County of _____

Subscribed and sworn to before me this

_____ day of _____, 20_____.

Signature of Applicant

Notary Public

My commission expires: _____