

# COLORADO RECIPROCITY APPLICATION

## INSTRUCTIONS TO APPLICANT

You must request that the **Colorado Board of Real Estate Appraisers** complete a Licensure History. License/Certification fee for Oklahoma is \$325.00 per year. Complete the statement below and send with the appropriate fee and the licensure history to the Oklahoma Real Estate Appraiser Board, 3625 NW 56th Street, Ste 100, Oklahoma City, Oklahoma 73112.

### STATEMENT OF APPLICANT FOR CERTIFICATION BY RECIPROCITY

I, \_\_\_\_\_, am a legal resident of the State of **Colorado** and desire to obtain a real estate appraiser certificate in the State of **Oklahoma** by reciprocity.

My residence address is: \_\_\_\_\_  
\_\_\_\_\_

My business address is: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Colorado Certification or License No: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Send mail to: Office \_\_\_\_\_ Home \_\_\_\_\_

I have read and agree to comply with all provisions of the Oklahoma Real Estate Appraisers Act and the administrative rules promulgated by the Oklahoma Real Estate Appraiser Board.

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. This designation shall constitute an agreement that such service of process is of the same legal force and validity as personal service of process in the State of Oklahoma upon me. This designation further authorizes the Director of the Oklahoma Real Estate Appraiser Board to forward any such process to me at my last mailing address as it appears in the Oklahoma Real Estate Appraiser Board records. I understand that a failure to accept any such process shall subject my license/certification to administrative action by the Oklahoma Real Estate Appraiser Board.

\_\_\_\_\_  
Signature of Applicant

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_