



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
GOVERNOR EDMUND G. BROWN JR.

BUREAU OF REAL ESTATE APPRAISERS
1102 Q Street, Suite 4100, Sacramento, CA 95811
P 916.552.9000 F 916.552.9007 | www.brea.ca.gov



BREA USE ONLY

LICENSE RENEWAL APPLICATION

- ▶ Type or print clearly in blue or black ink and provide an original signature.
- ▶ All fees paid must be paid by pre-printed personal check, company check, cashier's check, certified check, money order, or credit card (see form REA 2030 to pay by credit card).
- ▶ By statute, all fees submitted are deemed earned upon receipt and cannot be refunded.
- ▶ All out-of-state addresses require a completed and notarized Consent to Service of Process (REA 3006).
- ▶ Please refer to <http://www.brea.ca.gov/html/LicensingFees.html> for current license application fees.
- ▶ If you have any questions, please write to the address listed or call (916) 552-9000.
- ▶ Mail completed application, fee and qualifying documentation to:
BUREAU OF REAL ESTATE APPRAISERS
1102 Q Street, Suite 4100
Sacramento, CA 95811

PART A - APPLICANT INFORMATION

- Check this box if you are currently serving or have ever served in the United States military (Please submit proof of current or former military service).
- Check this box if you are married to, or are in a domestic partnership or other legal union with an active member of the United States military assigned to active duty in California (Please submit proof of marriage, domestic partnership, or other legal union with an active member of the military).

1. Application Level			
<input type="checkbox"/> Trainee License \$485	<input type="checkbox"/> Residential License \$565	<input type="checkbox"/> Certified Residential \$640	<input type="checkbox"/> Certified General \$640
Late Fee = an additional \$125			
2. Current License			
License Number		Expiration Date	
3. Name as it Appears on Current License			
Last	First	Middle	
4. Social Security / Taxpayer ID Number		5. Birth Date	
6. Business Name			<input type="checkbox"/> Check if Change
7. Mailing Address (Address of Record)			<input type="checkbox"/> Check if Change
Address			
City	County	State	Zip Code
8. Business Telephone Number		9. Residence Telephone Number	
10. Email Address (optional)			<input type="checkbox"/> Check if Change

PART B - APPLICANT BACKGROUND INFORMATION

- Have you used or been known by any name other than, or in addition to, the name listed on Part A of this application?
 No Yes, explain _____
- Are there criminal charges pending against you at this time, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict? If yes, please specify the court in which the matter is pending, the case number and charges, and submit a copy of the police report and a certified copy of the complaint and docket.
 No Yes, explain _____
- Within the last eight years, have you been convicted of, or pled guilty or *nolo contendere* to any criminal or civil offense in the United States, its territories, or a foreign country? This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. You are not required to report convictions that were adjudicated in the juvenile court, convictions under California Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) which are two years old, or traffic infractions resulting in a fine of \$500 or less. Convictions that were later dismissed pursuant to sections, 1203.4, 1203.4a, or 1203.41 of the California Penal Code or equivalent non-California law must be disclosed. If yes, complete "Conviction Details" section below. In addition to completing the "Conviction details" section below, you must submit a certified copy of the police report and certified copies of the complaint and judgement or the order.
 No Yes, complete "Conviction Details" below.
- Do you currently hold a professional or vocational license issued by any governmental agency other than BREA? If yes, please identify the license held, the license number and the issuing agency.
 No Yes, explain _____
- Within the last eight years, have you had a professional or vocational license, certificate or registration denied, suspended, restricted, revoked, surrendered or disciplined in any way in this state or any other state other than BREA? If yes, complete "License Details" section below. In addition to completing the "License Details" section below, you must submit a certified copy of the police report or administrative agency's investigative report and certified copies of the court or administrative agency's docket, complaint, or accusation and judgment or other order.
 No Yes, complete "License Details" below.

CONVICTION DETAILS

Complete one line for each violation and provide explanation below. If you are unable to provide this information, provide all the requested information you can obtain, with an explanation for the missing information. If the conviction status has been subsequently changed or reduced, note that fact in the area provided for additional information. Attachments for additional information should specify which lines you are referring to. **EACH ADDITIONAL SHEET MUST BE SIGNED BY THE APPLICANT.**

* CODE SECTION VIOLATED (i.e., 1014, 484, ETC)

*** DISPOSITION (i.e., PROBATION, PAROLE, FINE, PENDING, ETC.)

** CODE VIOLATED (i.e., VEHICLE CODE, PENAL CODE, ETC.)

**** DISMISSED (pursuant to sections, 1203.4, 1203.4a, or 1203.41 of the California Penal Code)

Court of Conviction (Name and Address)	Arresting Agency (Name and Address)	Date of Conviction	Type of Conviction	* Code Section Violated	** Code Violated	*** Disposition	Case Number	**** Dismissed
<i>Example:</i> Sacramento Cnty. 456 Main St., Sac	Sacramento City Police 123 Main St., Sac	02/20/12	<input type="checkbox"/> Felony <input type="checkbox"/> Other <input checked="" type="checkbox"/> Misdemeanor	484	Penal Code	6 months probation and \$200 fine	1234	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1.			<input type="checkbox"/> Felony <input type="checkbox"/> Other <input type="checkbox"/> Misdemeanor					<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Felony <input type="checkbox"/> Other <input type="checkbox"/> Misdemeanor					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Felony <input type="checkbox"/> Other <input type="checkbox"/> Misdemeanor					<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION: SPECIFY WHICH LINES YOU ARE REFERRING TO. ATTACH EXTRA SHEETS IF MORE ROOM IS NEEDED. EACH ADDITIONAL SHEET MUST BE SIGNED.

LICENSE DETAILS

Type of License	License ID No.	License Expiration Date	State
Action (revoked, etc.)	Date of Action	Date Action Terminated	Code Section Violated

ADDITIONAL INFORMATION: ATTACH EXTRA SHEETS IF MORE ROOM IS NEEDED. EACH ADDITIONAL SHEET MUST BE SIGNED AND DATED.

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. 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.

Signature _____

Date _____

INSTRUCTIONS

PART A

- 1. APPLICATION LEVEL** - Mark the box for the license type you are renewing.
- 2. CURRENT LICENSE NUMBER** - Your License Number and expiration date.
- 3. NAME** - Your name as it appears on your license.
- 4. SOCIAL SECURITY NUMBER/TAXPAYER IDENTIFICATION NUMBER** - Enter your social security or individual taxpayer identification number. **BREA cannot issue a license without a Social Security or Individual Taxpayer Identification Number.**
- 5. BIRTHDATE** - Your date of birth. (mm/dd/yyyy)
- 6. BUSINESS NAME** - The name of your business or employer name. **The information required is a matter of public record.**
- 7. MAILING ADDRESS** - Your address of record. **The information required is a matter of public record.**
- 8. BUSINESS TELEPHONE NUMBER** - Your business telephone number. **The information required is a matter of public record.**
- 9. RESIDENCE TELEPHONE NUMBER** - Your home telephone number.
- 10. EMAIL ADDRESS** - Your email address.

PART B

1 - 5. BACKGROUND QUESTIONS - Answer all of these questions and attach any required additional information to this application.

SIGNATURE OF APPLICANT - Original signature and date required.

Privacy Information

Section 1798.17 of the Civil Code requires this notice be provided when collecting personal or confidential information from individuals. *Each individual has the right to review personal information maintained by this Agency, unless access is exempted by law.*

Bureau of Real Estate Appraisers

Custodian of Records

1102 Q Street, Suite 4100

Sacramento, CA 95811

Telephone: (916) 552-9000

General powers of the Chief, Sections 11310 and 11313 of the Business and Professions Code authorizes the maintenance of this information. Business and Professions Code Section 30, Chapter 1361, Section 1, requires each real estate appraiser licensee to initially provide to the Bureau of Real Estate Appraisers his or her social security or taxpayer identification number which will be furnished to the Franchise Tax Board. Your social security or taxpayer identification number shall not be deemed a public record and shall not be open to the public for inspection. The Franchise Tax Board will use your number to establish identification exclusively for tax purposes. The Real Estate Appraisers Law or Regulations of the Chief require applicants to provide the Bureau of Real Estate Appraisers with specific information. If all or any part of the required information is not provided, processing may be delayed. In addition, the Chief may suspend or revoke a license, or in the case of a license applicant, may deny the issuance for misstatements of facts (including a failure to disclose a material fact) in an application for a license. The information requested in this form is primarily used to furnish license status information to the Bureau of Real Estate Appraisers, and to answer inquiries and give information to the public on license status, mailing addresses and actions taken to deny, revoke, restrict or suspend licenses for cause. This information may be transferred to real estate appraisal licensing agencies in other states, law enforcement agencies (City Police, Sheriff's Departments, District Attorneys, Attorney General, F.B.I.), and any other regulatory agencies (including, but not limited to, Department of Business Oversight, Department of Insurance, Bureau of Real Estate, Department of Consumer Affairs, California Bar Association, Appraisal Subcommittee).