

# STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS

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## SUPERVISOR AFFIDAVIT (to be completed by supervising appraiser)

<b>NAME OF APPLICANT:</b>	
<b>NAME OF SUPERVISOR:</b>	
<b>CERTIFICATION NUMBER OF SUPERVISOR:</b>	
<b>PERIOD OF SUPERVISION:</b> (example: January 2, 2020 – October 12, 2022)	

Please choose one of the following:

☐

Applicant completed \_\_\_\_\_ hours of experience in which I  
*(must be a minimum of 300 hours)*

accompanied the applicant during the physical inspection of each property.

As of \_\_\_\_\_ I determined the applicant to be competent under  
*(date)*

USPAP to perform the physical inspections unaccompanied.

☐

For Certified Residential Appraisers who are upgrading to the Certified General Appraiser Classification only. Applicant is a Certified Residential Appraiser

\_\_\_\_\_. I accompanied the applicant during the physical inspection  
*(applicant's certification number)*

of each property until I determined that the applicant was competent under USPAP to perform the physical inspections unaccompanied.

I verify that I have supervised the applicant in accordance with the provisions of §36.13 and §36.54 of the Rules and Regulations of the State Board of Certified Real Estate Appraisers. I have provided direct supervision and control of the applicant's work, assuming total responsibility for the content of the appraisal documents and value conclusions. The applicant did not arrive at any independent determinations of value.

Signature of Supervising Appraiser: \_\_\_\_\_ Date: \_\_\_\_\_