

**FEE: \$175**  
**NON-REFUNDABLE**

Payable to:  
Maine State Treasurer

**INDIVIDUAL REQUEST FOR  
CONTINUING EDUCATION CREDIT**  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION  
MAILING ADDRESS:  
**MAINE BOARD OF REAL ESTATE APPRAISERS**  
35 STATE HOUSE STATION, AUGUSTA ME 04333-0035  
PH 207 624-8518 FAX 207 624-8637 TTY USERS CALL MAINE RELAY 711  
[WWW.MAINE.GOV/PROFESSIONALLICENSING](http://WWW.MAINE.GOV/PROFESSIONALLICENSING)

FOR MREA OFFICE USE ONLY

CHECK NO \_\_\_\_\_

AMT \_\_\_\_\_

CASH NO \_\_\_\_\_

APPRVL DATE \_\_\_\_\_

**INSTRUCTIONS:**

- Complete all sections.
- Type or print clearly in ink.
- Application must be submitted sufficiently in advance of the program start date to permit review by board. Applications received on or after the program start date will not be considered.
- Attach course outline or other material published by the course sponsor that describes the course content in detail.
- All programs must be taught "live" in a traditional classroom or seminar setting. No form of distance education or recorded presentation will be approved.
- Enclose check for \$175 payable to Maine State Treasurer and mail to address above.

YOUR NAME \_\_\_\_\_

YOUR LICENSE NUMBER \_\_\_\_\_ Expire Date \_\_\_\_\_

MAILING ADDRESS Street/PO Box \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_ FAX ( ) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

COURSE TITLE \_\_\_\_\_

COURSE SPONSOR \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_

LENGTH OF COURSE \_\_\_\_\_ (hours) COURSE DATE \_\_\_\_\_

TOTAL NUMBER OF CREDIT HOURS REQUESTED (excluding lunch & breaks) \_\_\_\_\_

By my signature, I hereby certify that the information contained in this application and all supporting documentation is true and accurate to the best of my knowledge and belief and that this application is made for the purpose of obtaining approved credit hours toward the education requirement for renewal or activation of my real estate appraiser license. I understand that misrepresentation or falsification of the information contained herein may result in suspension or revocation of my license.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_