

MAINE STATE BOARD OF REAL ESTATE APPRAISERS
35 State House Station, Augusta, ME 04333
(207) 624-8522

SUPERVISOR / TRAINING FORM

Trainee's Name

Trainee Signature _____ Date: _____

Check here if you have a change of address: _____
NEW ADDRESS

Check here if this is a change of your primary supervisor.

Check here if this is an additional supervisor. (i.e., working part-time at two different appraisal companies)

TO BE COMPLETED BY THE SUPERVISOR

I ACKNOWLEDGE THAT I WILL BE RESPONSIBLE FOR THE TRAINING FOR THE APPLICANT MENTIONED HEREIN, AND THAT THE APPLICANT MUST WORK UNDER MY SUPERVISION AND CANNOT AT ANY TIME PRACTICE AS AN APPRAISER UNSUPERVISED. I ALSO UNDERSTAND THAT I MUST PERSONALLY ACCOMPANY THE TRAINEE ON THE FIRST FIFTY (50) APPRAISALS.

THE SUPERVISING APPRAISER SHALL MAINTAIN ACCURATE, UP-TO-DATE RECORDS OF ALL APPRAISAL RELATED ACTIVITIES DONE BY THE TRAINEE. HOURS SHALL BE REPORTED TO THE MAINE BOARD OF REAL ESTATE APPRAISERS ON A FORM PRESCRIBED BY THE BOARD NO LATER THAN THE 10TH OF EACH MONTH.

FORMS FOR REPORTING WORK EXPERIENCE WILL BE SENT OUT UPON APPROVAL OF THE TRAINEE LICENSE.

Supervisor's complete name license/certification # & Expiration Date

Signature of Supervisor: _____ Date: _____

Alternate's complete name license/certification # & Expiration Date

Signature of Alternate Supervisor: _____ Date: _____