



Janet T. Mills  
Governor

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
BOARD OF REAL ESTATE APPRAISERS



Joan F. Cohen  
Commissioner

**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.

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 15<sup>th</sup> of each month.

Forms for reporting work experience will be sent out upon approval of the trainee license.

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Supervisor's complete name \_\_\_\_\_ License/certificate # & Expiration Date \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

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Alternate's complete name \_\_\_\_\_ License/certification # & Expiration Date \_\_\_\_\_

Signature of Alternate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_