

Supplemental Appraisal Experience Log

2015 Revision

Last Name, First, MI (PRINTED)

TOTAL HOURS:

Page ____ of ____

List assignments for which experience credit is requested. List ONLY the number of actual hours worked. Travel TO and FROM assignments will NOT be accepted. Mark ALL the boxes that apply.

| | | | | | |
|--|------------------------------|---|------------------|---|-------------|
| <input type="checkbox"/> I have signed the Certification | | <input type="checkbox"/> I have ONLY provided detailed significant assistance | | | |
| Date of Report | | Address of the Subject | City | State | Client Name |
| Year | Month | | | | |
| | | | | | |
| Indicate Level of Inspection by Applicant: <input type="checkbox"/> Interior/Exterior <input type="checkbox"/> Exterior Only <input type="checkbox"/> Never Physically Visited the Subject | | | | | |
| Applicant's Work | | <input type="checkbox"/> Market Area Analysis (zoning, etc) <input type="checkbox"/> H&B Use Analysis <input type="checkbox"/> Sales Comparison Research <input type="checkbox"/> Cost Approach Analysis <input type="checkbox"/> Lease Analysis <input type="checkbox"/> Income Approach Analysis <input type="checkbox"/> Reconciliation <input type="checkbox"/> Other – Describe: | | | |
| Supervisor's Work | | <input type="checkbox"/> Market Area Analysis (zoning, etc) <input type="checkbox"/> H&B Use Analysis <input type="checkbox"/> Sales Comparison Research <input type="checkbox"/> Cost Approach Analysis <input type="checkbox"/> Lease Analysis <input type="checkbox"/> Income Approach Analysis <input type="checkbox"/> Reconciliation <input type="checkbox"/> Other – Describe: | | | |
| <input type="checkbox"/> Form Report <input type="checkbox"/> Narrative Report | | | | | |
| Indicate Report Type: <input type="checkbox"/> Summary <input type="checkbox"/> Restricted (Use) <input type="checkbox"/> Self-Contained <input type="checkbox"/> Appraisal Report | | | | | |
| <input type="checkbox"/> Co-inspected by Supervisor | | <input type="checkbox"/> Desk or Field Reviewed by Supervisor | | <input type="checkbox"/> Co-Appraised by Supervisor | |
| Type of Property | Site Area (SqFt or Acres) | Primary Improvement GLA | Hours Claimed | (Board Use Only) Adjusted Hours | |
| | | | | | |

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| Type of Property | Site Area (SqFt or Acres) | Primary Improvement GLA | Hours Claimed | (Board Use Only) Adjusted Hours | |
| | | | | | |

Applicant's Signature _____

Supervisor's Signature _____

Mark this box if a Supervisor was NOT required for assignments on this page

Certification/License or SSN _____

Supervisor's Cert. No. _____