

First 500 Experience Log

Associate Real Estate Trainee Appraiser

Last Name, First, MI (PRINTED)

TOTAL HOURS:

Page ___ of ___

This format is ONLY for use by Illinois Associate Real Estate Trainee Appraisers and their approved Supervisors. List a minimum of 25 assignments whereby the Supervisor was personally and physically present for each inspection. There can be no less than 500 hours of experience in total. Each assignment is considered to be co-appraised by the Trainee and the Supervisor. Appraisal Reviews are ineligible for Trainee experience. 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 & Supervisor: <input type="checkbox"/> Interior/Exterior <input type="checkbox"/> Exterior Only					
Applicant and 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"/> Restricted Report					
Type of Property	Site Area (SqFt or Acres)	Primary Improvement GLA		Hours Claimed	(Board Use Only) Adjusted Hours
<input type="checkbox"/> I have signed the Certification		<input type="checkbox"/> I have ONLY provided detailed significant assistance			
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Year Month					
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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 _____

Certification/License or SSN _____

Supervisor's Cert. No. _____