

PRINCIPAL APPLICATION

P.O. Box 12188, Austin, Texas 78711-2188

1. Name:					
2. Provider Name:		3. Provider Number: (to be provided by TALCB upon approval)			
4. Business Address:				оп арргочат	
5. Phone Number:	6. Email address:				
7. Do you hold a Texas appraiser license? Yes License Type License Number	☐ No Expiration Date				
8. Do you hold an appraiser license in another state?	Yes No				
License Type License Number	Expiration Date	State	2		
9. Are you now or have you ever been affiliated with a T If "Yes", please complete:	ALCB approved ACE provider?	Yes No			
Provider Name	Prov	ider Number			
	Held Dates of Affiliation				
10. Are you now or have you ever been affiliated with a If "Yes", please complete: Provider Name		in any other state?		□ No	
Position Held Dates of Affiliation					
11. Have you ever had a professional or occupational license in this state or any other state suspended, canceled or revoked, or ever surrendered such a license?					
12. Have you ever had an application for a professional or occupational license disapproved or denied in this state or any other state?			☐ Yes	☐ No	
13. Are there any disciplinary hearings or investigations pending against any professional or occupational licenses you hold in this state or any other state?			Yes	☐ No	
14. Are there any unpaid judgements against you?			Yes	☐ No	
15. Have you ever been convicted of a criminal offense? (Include all felonies and misdemeanors other than minor traffic tickets.)			☐ Yes	☐ No	
16. Have you ever been placed on parole, probation or community supervision (also known as deferred adjudication)?			☐ Yes	☐ No	
17. Are there any criminal charges pending against you?			Yes	☐ No	
If the answer to any of the questions above is YES, the Education Provider Background History Form is required.					

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18. What experience in education and/or business qualifies you to be an appraiser continuing education (ACE) provider?				
CERTIFICATION STATEMENT				
I represent I have examined this form and the information contained herein i Licensing and Certification Board to conduct any investigations of me which revealed in an investigation may be cause for disapproval of the application eve met. I further understand that information submitted in conjunction with thi inspection in accordance with the Public Information Act (Chapter 552, Government)	it deems prudent. I understand that information in though other requirements for a license have been application may be subject to public disclosure or			
Printed Name of Principal				
Signature				

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