

# Trahan Real Estate Services

Massachusetts, Rhode Island, New Hampshire, Connecticut, Florida

**Phone (508) 995-9079**

**Fax (508) 995-9080**

Thank you for your interest in becoming part of the TRES (Trahan Real Estate Services) appraiser panel of independent contractors. Our company is a real estate service provider that has been in business since 1962.

You can visit our website at <http://www.trahanappraisals.com/> for more information about us.

Please fill out the entire application and fax or email it back as soon as possible.

Include

Completed application

License copy

E&O copy

Resume

Two recently completed sample reports.

Your prompt attention is greatly appreciative since we are currently adding additional fee appraisers on to highlight our many areas of expertise. This will assure competency with our customers. It is important that you fill in the days you are available, how many assignments you can handle weekly, your turn time, and the particular areas you feel confident in appraising.

Thank You

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## Trahan Real Estate Services Appraiser Application Form

Applicant Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

SSN: \_\_\_\_\_ Date Of Birth (MM/DD/YYYY) \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Appraiser's Business Phone: \_\_\_\_\_

Appraiser's Fax Phone: \_\_\_\_\_

Appraiser's Cell Phone \_\_\_\_\_

Appraiser's E-Mail Address: \_\_\_\_\_

State License / Certification No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Type/Status:  Cert General  Cert Residential  Licensed

Errors & Omissions Insurance

Amount: \_\_\_\_\_ Expiration: \_\_\_\_\_ Carrier: \_\_\_\_\_

Appraisal Form Software Used (Please include version): \_\_\_\_\_

Itemized Resources Maintained In Your Office  
(Multi-listing services (MLS) by country, other market data, cost data, FEMA maps, census maps, etc.)

Is MLS available in your market area?  Yes  No Are you a subscriber to MLS  Yes  No

If other than MLS what are your data source? \_\_\_\_\_



FELONY HISTORY: Have you pled guilty/no contest to or been convicted of a felony offensive? Do you currently have any felony charges outstanding against you?

Yes – I HAVE a felony history based on the questions above. If you check “yes” you must provide an explanation for each offense, regardless of nature. Attach on separate sheet of paper if necessary.

No, I have NOT been convicted nor do I have a felony history based on the questions above.

Please list any additional languages spoken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you FHA approved? Yes \_\_\_\_\_ No \_\_\_\_\_

References:

Please list 3 references (name, address, and phone number). At least 1 reference must be a current or previous employer or business associate.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Disciplinary Actions (If you answer yes to any question below, please attach a detailed explanation):

Have you ever been the subject of a lawsuit initiated by a lender or investor? YES  NO

Have you ever had a claim filed against your Errors and Omissions Insurance? YES  NO

Have you ever been the subject of disciplinary action by any state Appraisal Board? YES  NO

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Coverage Area- Geographic Competency

List all the counties that you cover COMPETENTLY. Please only list counties that you have MLS access to; can provide good service and normal turn-around times for. For partial coverage you MUST include the city and the zip code.

Are you requesting full or part time? \_\_\_\_\_

Are you available Monday through Saturday ?  Yes  No

Please indicate what days you available for inspections. \_\_\_\_\_

How many assignments can you complete in a week? \_\_\_\_\_

What is your turn time after inspection? \_\_\_\_\_

Are you currently a fee appraiser for other firms?  Yes  No

State	County	State	County

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_