



APPLICATION FOR FEE OR ROSTER PERSONNEL DESIGNATION

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (for example: Authorized for release of information to Congress when requested for statistical purposes) as identified in the VA system of records, (17VA26), Loan Guaranty Fee Personnel and Program Participant Records-VA, published in the Federal Register. Your obligation to respond is mandatory. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Chapter 37, Title 38 U.S.C. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

RESPONDENT BURDEN: We need this information to enable VA to determine whether you qualify for designation in the position for which you are applying. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

PENALTY: Failure to provide any of the requested information could affect the decision to approve your application since this decision will be made only on the basis of available information we currently have on record. This may result in a delay in the processing of your application.

INSTRUCTIONS: Please print clearly. Completed VA application may be submitted by e-mail or by mail to the VA Regional Loan Center of Jurisdiction.

ETHNICITY AND RACE: Please provide both ethnicity and race. For race, you may check more than one designation.

DESIGNATION BEING APPLIED FOR: REAL ESTATE APPRAISER COMPLIANCE INSPECTOR

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|---|------------------|---------------------------|
| 1. NAME OF APPLICANT (<i>First, middle, last</i>) | 2. DATE OF BIRTH | 3. SOCIAL SECURITY NUMBER |
|---|------------------|---------------------------|

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| 4. SEX (<i>Voluntary information</i>) | 5. ETHNICITY AND RACE (<i>Voluntary information</i>) | |
| | A. ETHNICITY | B. RACE |
| <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO | <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> WHITE |

| | |
|--|--|
| 6. RESIDENCE ADDRESS (<i>Number and street or rural route, city or P.O., State and ZIP Code</i>) | 7. TELEPHONE NUMBER (<i>Include Area Code</i>) |
| | 8. E-MAIL ADDRESS |
| 9. BUSINESS ADDRESS (<i>Address where Field Reviews are to be sent</i>) | 10. BUSINESS TELEPHONE NUMBER (<i>Include Area Code</i>) |
| | 11. E-MAIL ADDRESS |

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|------------------------|--|
| 12. PRESENT OCCUPATION | 13. NAME AND ADDRESS OF PRESENT EMPLOYER |
|------------------------|--|

| 14. EDUCATION INFORMATION | | | |
|---------------------------|-------------|-----------------|--|
| ITEM | EDUCATION | NUMBER OF YEARS | DEGREE(S) AWARDED (<i>If applicable</i>) |
| A | HIGH SCHOOL | | |
| B | COLLEGE | | |

15. ADVANCED EDUCATION OR TRAINING, VOCATIONAL, BUSINESS, OR SPECIAL COURSES (*Enter course and school name and location*)

| | | | | |
|--|---|---|--------------------------------------|---------------------|
| 16. PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER | 17. CERTIFICATION/LICENSE INFORMATION (<i>Attach copy(ies) of applicable certification/license (s)</i>) | | | |
| | A. KIND | B. CERTIFICATION/ LICENSE NUMBER | C. STATE WHERE ISSUED | D. EXP. DATE |
| | | | | |

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|---|------------------------------|--|-----------|
| 18A. HAVE YOU BEEN PREVIOUSLY APPROVED BY VA FOR A FEE POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>If "Yes," complete Items 18B and 18C</i>) | 18B. OFFICE NAME AND ADDRESS | 18C. DATES OF FEE ACTIVITY FOR VA | |
| | | FROM | TO |
| | | | |

19. GEOGRAPHIC AREA(S) OF PRACTICE *(List your appraisal/inspection area(s), by State and County)*

20. STATE PRINCIPAL ASSIGNMENTS DURING AT LEAST THE PAST 5 YEARS *(Attach additional sheet as necessary)*

| A. PERIOD DATES | | B. NUMBER OF ASSIGNMENTS | C. NAMES OF CLIENTS OR ORGANIZATIONS |
|-----------------|----|--------------------------|--------------------------------------|
| FROM | TO | | |
| | | | |

21. EMPLOYMENT HISTORY DURING THE PAST 10 YEARS *(Attach additional sheet as necessary)*

| A. DATES | | B. OCCUPATION | C. NAME OF EMPLOYER | D. ADDRESS |
|----------|----|---------------|---------------------|------------|
| FROM | TO | | | |
| | | | | |

22. REFERENCES - LIST AND SUBMIT AT LEAST 3 LETTERS ATTESTING TO YOUR QUALIFICATIONS
(Two references must be from Fee Appraisers)

| A. REFERENCES | B. OCCUPATION | C. ADDRESS |
|---------------|---------------|------------|
| | | |

| | | |
|--|---|--------------------|
| 23. NUMBER OF ASSIGNMENTS YOU WILL ACCEPT PER WEEK | 24. MAXIMUM NUMBER OF ASSIGNMENTS YOU WILL ACCEPT AT ONE TIME | 25. E-MAIL ADDRESS |
|--|---|--------------------|

I, the undersigned, understand and agree that:

- (a) VA may obtain a copy of my credit report.
- (b) The approval of this application does not constitute my appointment as an agent or employee of the Department of Veterans Affairs.
- (c) In performing fee work my status is that of an independent contractor.
- (d) My sole interest in all transactions shall be to perform fee assignments as required by VA standards and criteria.

CERTIFICATION

I HEREBY CERTIFY THAT to the best of my knowledge all the information stated herein, as well as any information provided in the accompaniment herewith, is true, accurate, and complete.

| | |
|---|-----------------|
| 26. APPLICANT'S SIGNATURE <i>(DO NOT PRINT) (Must be legible)</i> | 27. DATE SIGNED |
|---|-----------------|

REVIEWING OFFICIAL *(Complete the following items)*

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| THIS APPLICATION HAS BEEN REVIEWED AND I HEREBY RECOMMEND: | | THIS APPLICANT IS BEING RECOMMENDED IN THE APPRAISAL AREA(S) OF THE COUNTY(IES) OR STATE LISTED BELOW: |
| <input type="checkbox"/> DESIGNATION | <input type="checkbox"/> DISAPPROVAL | |
| SIGNATURE OF REVIEWING OFFICER | DATE OF ACTION | |