



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: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0113, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 30 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0113 in any correspondence. Do not send your completed VA Form 26-6681 to this email address.

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: Completed VA application may be uploaded and submitted to the [ServiceNow Portal](#) or contact VA at 1-877-827-3702 between 8:00 AM and 6:00 PM Eastern Standard time.

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

1. NAME OF APPLICANT (<i>First, middle, last</i>)	2. DATE OF BIRTH (<i>MM/DD/YYYY</i>)	3. SOCIAL SECURITY NUMBER
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4. SEX (<i>Voluntary information</i>) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. ETHNICITY AND RACE (<i>Voluntary information</i>)				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">A. ETHNICITY</td> <td style="width: 50%; text-align: center; border: none;">B. RACE</td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO </td> <td style="border: none;"> <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE </td> </tr> </table>	A. ETHNICITY	B. RACE	<input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO	<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE
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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

12. PRESENT OCCUPATION	13. NAME AND ADDRESS OF PRESENT EMPLOYER
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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 (MM/DD/YYYY)

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 (MM/DD/YYYY)	
		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 <i>(MM/DD/YYYY)</i>		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 <i>(MM/DD/YYYY)</i>		B. OCCUPATION	C. NAME OF EMPLOYER	D. ADDRESS
FROM	TO			

22. REFERENCES - LIST AND SUBMIT AT LEAST 2 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
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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 <i>(MM/DD/YYYY)</i>
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REVIEWING OFFICIAL *(Complete the following items)*

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