TEXAS APPRAISER LICENSING & CERTIFICATION BOARD

P.O. BOX 12188 • AUSTIN, TEXAS 78711-2188 • WWW.TALCB.TEXAS.GOV

SUPPLEMENTAL FORM FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS, AND MILITARY SPOUSES

PURSUANT TO OCCUPATIONS CODE, CHAPTER 55

TO BE ELIGIBLE TO USE THIS SUPPLEMENTAL FORM, you must be a veteran of the armed services, or you or your spouse must be serving on active duty as a member of the United States Armed Forces and you must:

- **hold a current and substantially equivalent license in another state or jurisdiction; or**
- **have held a license in Texas within the last five years.**

IF YOU MEET THESE REQUIREMENTS, FILL OUT AND ATTACH THIS FORM TO YOUR LICENSE APPLICATION. IF YOU ARE A MILITARY SERVICE MEMBER, OR THE SPOUSE OF A MILITARY SERVICE MEMBER, ATTACH A COPY OF YOUR OR YOUR SPOUSE'S MOST RECENT ACTIVATION OR DEPLOYMENT ORDERS.

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK

1. Applicant's Full Name:

Last _____ First _____ Middle _____

2. Applicant's Daytime Phone Number: _____

3. Applicant's Email Address: _____

4. Applicant's Social Security Number: _____

5. Applying for (check one box only):

- ☐ Certified General Appraiser
- ☐ Certified General Appraiser by Reciprocity
- ☐ Certified Residential Appraiser
- ☐ Certified Residential Appraiser by Reciprocity
- ☐ Licensed Appraiser
- ☐ Licensed Appraiser by Reciprocity
- ☐ Appraiser Trainee

6. Are you a member of the United States Armed Forces serving on Active Duty or a veteran of the United States Armed Forces? ☐ Yes ☐ No

7. Are you the spouse of a member of the United States Armed Forces serving on Active Duty? ☐ Yes ☐ No
If yes, please provide spouse's full name (attach a copy of your spouse's most recent activation or deployment orders) :

Last _____ First _____ Middle _____

8. Do you currently hold this license type in another state or jurisdiction? (if yes, please attach a certificate of license history from that state or jurisdiction.) ☐ Yes ☐ No

9. Have you held a license in Texas in the last five years ? ☐ Yes ☐ No

If yes, please provide TALCB license number _____

I certify all information submitted on this form and any attachments to be true and accurate. I understand that providing false information on this form or any attachments may result in imposition of administrative penalties and/or sanctions, including denial or revocation of the license.

Date Signed _____ Signature of Applicant _____

PRIVACY NOTICE

In accordance with Chapter 559, Government code, the following notice about certain information laws and practices is given.

(1) With few exceptions, an individual is entitled on request to be informed about the information that a state governmental body collects about the individual.

(2) Under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information.

(3) Under Section 559.004 of the Government Code, the individual is entitled to have the governmental body correct information about the individual that is incorrect