



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):

- | | |
|--|---|
| <input type="checkbox"/> Certified General Appraiser | <input type="checkbox"/> Certified General Appraiser by Reciprocity |
| <input type="checkbox"/> Certified Residential Appraiser | <input type="checkbox"/> Certified Residential Appraiser by Reciprocity |
| <input type="checkbox"/> Licensed Residential Appraiser | <input type="checkbox"/> Licensed Residential Appraiser by Reciprocity |
| <input type="checkbox"/> 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