

**Louisiana Real Estate Appraisers Board**  
**State of Louisiana**  
Office of the Governor

JEFF LANDRY  
GOVERNOR



TAYLOR F. BARRAS  
COMMISSIONER OF ADMINISTRATION

**Real Estate Appraiser  
Reciprocal License Application**

**Remit:**

Initial License Fee ..... \$200.00  
Processing Fee ..... \$25.00  
Research & Education Fund Fee ..... \$20.00  
Federal Registry Fee ..... \$80.00  
**TOTAL AMOUNT DUE ..... \$325.00**

**Make fees payable to the Louisiana Real Estate Appraisers Board. Money orders, personal or company checks, and certified or cashier's checks are accepted. Please do not send cash through the mail.**

Submission of this application shall certify that the applicant is currently licensed as a real estate appraiser in compliance with Title XI of the Financial Institutions Reform, Recovery, and Enforcement Act of 1989 (FIRREA).

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**PART I: GENERAL INFORMATION**

**1. Type of license for which you are applying:**

☐ **Licensed Residential**      ☐ **Certified Residential**      ☐ **Certified General**

**2. Resident jurisdiction in which the applicant is licensed:** \_\_\_\_\_

**3. Licensed Certification Number:** \_\_\_\_\_

**4. Full Legal Name:** \_\_\_\_\_

**5. Social Security Number:** \_\_\_\_\_

**6. Driver's License Number:** \_\_\_\_\_

**7. Date of Birth:** \_\_\_\_\_

**8. If not a citizen of the United States, furnish your alien registration number:** \_\_\_\_\_

**PART II: ADDRESS, TELEPHONE, & EMAIL**

9071 INTERLINE AVE    BATON ROUGE, LA 70809  
(225) 925-1923    1-800-821-4529    FAX (225) 925-4501  
[www.lreab.gov](http://www.lreab.gov)    email: [appraisal@lreab.gov](mailto:appraisal@lreab.gov)

An Equal Opportunity Employer

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9. Physical Address: \_\_\_\_\_

10. City, State, Zip Code: \_\_\_\_\_

11. Business Name: \_\_\_\_\_

12. Business Address: \_\_\_\_\_

13. City, State, Zip Code: \_\_\_\_\_

14. Business Telephone: \_\_\_\_\_ Personal Telephone: \_\_\_\_\_

15. Email Address: \_\_\_\_\_

**PART III: PREFERRED MAILING ADDRESS AND CONTACT INFORMATION: (P.O. BOX may be used if different from above):**

16. Name: \_\_\_\_\_

17. Address: \_\_\_\_\_

18. City, State, Zip Code: \_\_\_\_\_

**PART IV: BACKGROUND INFORMATION**

19. List all states where you are currently, or have been previously, certified or licensed as a real estate appraiser.

STATE	CLASSIFICATION	NUMBER	ISSUE DATE	EXPIRATION DATE

**PART V: BACKGROUND INFORMATION**

20. Have you been convicted of, or pled guilty or nolo contendere to, forgery, extortion, conspiracy to defraud, theft, or a crime involving moral turpitude, or a felony crime in any court of competent jurisdiction?

☐ Yes ☐ No

If "Yes", include a detailed letter of explanation with this application.

21. Has your appraiser certificate or real estate license ever been censured, suspended, or revoked in Louisiana or any other state?

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☐ Yes ☐ No

If "Yes", include a detailed letter of explanation with this application.

**22.** Has your application for certification or licensure as a real estate appraiser, salesperson, or broker ever been rejected in Louisiana or any other state?

☐ Yes ☐ No

If "Yes", include a detailed letter of explanation with this application.

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**CERTIFICATION**

I hereby certify that all information provided herein is true and correct. I agree to furnish additional information or documentation as may be deemed necessary by the Louisiana Real Estate Appraisers Board. I acknowledge that my application for licensing by reciprocity may be rejected for cause and that the license I may obtain may be revoked for supplying false or misleading information to the board. I agree to comply with the Louisiana Real Estate Appraisers Law and the Rules and Regulations of the Board. I will perform all appraisals in compliance with the Uniform Standards of Professional Appraisal Practice (USPAP).

**IRREVOCABLE CONSENT TO SERVICE OF PROCESS AND POWER OF ATTORNEY**

I do hereby irrevocably make, constitute, and appoint the Executive Director of the Louisiana Real Estate Appraisers Board, and his successors in office, my true and lawful attorney-in-fact, and in the State of Louisiana, upon whom all process of law concerning me in any legal action or proceeding may be served, subject to and in accordance with all laws of the State of Louisiana and all amendments thereto, and I do hereby specifically agree that in any and all such legal processes of law, which may be served upon my attorney-in-fact, shall be deemed served upon me personally, and that all such processes of law served upon my attorney-in-fact shall have the same effect as if I were a resident of the State of Louisiana and have been personally served with such process of law. This Irrevocable Consent of Service is made in compliance with Section 3401.A of the Louisiana Real Estate Appraisers Law.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_ SWORN TO AND

SUBSCRIBED before me by \_\_\_\_\_ on this \_\_\_\_\_ day

of \_\_\_\_\_ 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public

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NOTICE: IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA), APPLICANTS WITH A DISABLING CONDITION MAY REQUEST SPECIAL ASSISTANCE IN COMPLETING THIS APPLICATION. PLEASE CONTACT OUR ADA COORDINATOR AT (225) 765-0191 OR 1-800-821-4529 (EXTENSION 244) FOR FURTHER INFORMATION.