

TRAINEE/MENTOR REGISTRATION

Trainee Name & License #: _____

Home Address & Teleph. #: _____

Business Address & Teleph. #: _____

Preferred Mailing Address: Home _____ Business _____

Beginning Date with this Mentor: _____

Total # of Current Mentors: _____

Termination Date with this Mentor: _____

I acknowledge that I understand and accept the responsibilities of a Trainee Appraiser as described on the reverse of this form.

Signature & Date

Mentor Name & License #: _____

Home Address & Teleph. #: _____

Business Address & Teleph. #: _____

Beginning Date with this Trainee: _____

Total # of Current Trainees: _____

Termination Date with this Trainee: _____

I acknowledge that I understand and accept the responsibilities of a Mentor Appraiser as described on the reverse of this form.

Signature & Date