



**Networking Application for Residential Independent Contractor/Appraisers**



This information will be held in strict confidence. All information will be used for internal use only. Please print, complete and mail this application to the address below. Additional information may be needed.

**Bostedo Appraisal Services  
1513 Tolma Avenue, Suite 2  
Pittsburgh, PA 15216-1844  
Telephone: (412) 343-2034  
FAX: (412) 343-2034**

**GENERAL INFORMATION**

Appraiser/Applicant Name (First, MI, Last) \_\_\_\_\_  
Home Address: (Street, City, State, Zip) \_\_\_\_\_  
Your Phone Number \_\_\_\_\_  
Your Fax Number (if applicable) \_\_\_\_\_  
Your E-Mail Address (Internet access is required) \_\_\_\_\_  
Beeper Number \_\_\_\_\_  
Car Phone Number \_\_\_\_\_  
Social Security or TIN # \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Name of Collage/University \_\_\_\_\_  
Name of Course Study \_\_\_\_\_  
Years Attended \_\_\_\_\_  
Degrees Received \_\_\_\_\_

**APPRAISAL COURSES COMPLETED**

Courses Studied	School Sponsor	Date Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CONTINUING EDUCATION (PAST 24 MONTHS)**

Courses Studied	School Sponsor	Date Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently a member of a professional organization?  Yes  No

Name of Organization(s)

Designations held and year received (if applicable)

Indicate the number of years appraising real estate as a fee or staff appraiser

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

Current Employer \_\_\_\_\_  
Address (Street, City, State, Zip) \_\_\_\_\_  
Business Telephone \_\_\_\_\_  
Employment Date: From (Month/Year) To \_\_\_\_\_  
(Month/Year) \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Duties and property types appraised (if \_\_\_\_\_  
applicable) \_\_\_\_\_

Previous Employer \_\_\_\_\_  
Address (Street, City, State, Zip) \_\_\_\_\_  
Business Telephone \_\_\_\_\_  
Employment Date: From (Month/Year) To \_\_\_\_\_  
(Month/Year) \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Duties and property types appraised (if \_\_\_\_\_  
applicable) \_\_\_\_\_

Previous Employer \_\_\_\_\_  
Address (Street, City, State, Zip) \_\_\_\_\_  
Business Telephone \_\_\_\_\_  
Employment Date: From (Month/Year) To \_\_\_\_\_  
(Month/Year) \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Duties and property types appraised (if \_\_\_\_\_  
applicable) \_\_\_\_\_

## INSURANCE

Do you presently carry Errors and Omissions Insurance?  Yes  No  
If so please list the carrier, the amount of coverage and expiration date of current policy.

Carrier \_\_\_\_\_  
Policy # \_\_\_\_\_  
Amount \_\_\_\_\_  
Expiration Date \_\_\_\_\_

## LAW SUITS

Have you ever been refused any license by any State Commission, any governmental agency, withdrew an application or involved in a lawsuit, pending or resolved, where the complainant was a regulatory agency or another lending institution?  Yes  No

If yes, please explain here or in the additional comments below \_\_\_\_\_

Have you ever been removed from a lender or agency's list of approved appraisers?  Yes  No

If yes Please explain here or in the comment section below \_\_\_\_\_

## GENERAL INFORMATION

Do you own appraisal software?

Yes  No

Do you use sketching software?

Yes  No

Which do you own?

scanner  digital camera  both

If so which software package do you use? \_\_\_\_\_

If so which sketching software do you use? \_\_\_\_\_

Are you FHA approved?  Yes  No

## APPRAISAL EXPERIENCE

Property Type	% Of your normal workload	% Appraised for Conventional Financing	% Appraised for Government Financing
Single Family	_____	_____	_____
Condos	_____	_____	_____
PUDS	_____	_____	_____
Drive By's	_____	_____	_____
2-4 Family	_____	_____	_____

**PROFESSIONAL REFERENCES**

Please list below three mortgage institutions for which you are actively performing appraisals on a fee basis.

Name of firm \_\_\_\_\_  
Person to contact \_\_\_\_\_  
Phone number \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Name of firm \_\_\_\_\_  
Person to contact \_\_\_\_\_  
Phone number \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Name of firm \_\_\_\_\_  
Person to contact \_\_\_\_\_  
Phone number \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_



