


Networking Application for Residential Independent Contractor/Appraisers

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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
10 Old Clairton Rd. Suite 12A
Pittsburgh, PA 15236
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

Designations held and year received (if applicable) _____

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

Name of Organization(s) _____

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

TERRITORIES COVERED

Please fill in any areas you would like to be considered for appraisal orders. You can use another page to complete this section if need be.

(County and Zip code)

Please add any comments you feel would be helpful in providing a complete understanding of your experience. You can use another page to complete this section if need be.

Signature

Date