

STATE OF FLORIDA COUNTY OF (\_\_\_\_\_)

**AFFIDAVIT OF COMPLIANCE**

TO: FLORIDA REAL ESTATE APPRAISAL BOARD

I, \_\_\_\_\_, registered, licensed or certified real estate appraiser hereby petitions the Real Estate Appraisal Board to reissue my license number \_\_\_\_\_ and first being duly cautioned and sworn deposes and states as follows:

1. My license status was suspended for a period of \_\_\_\_\_, effective the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, pursuant to final order of the Florida Real Estate Appraisal Board.

2. In accordance with the provisions of said order, I commenced serving the period of suspension on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and completed the period of suspension on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

3. From the date set forth in paragraph 2 to and including the date hereof, I have fully complied with the provisions of the Order of Suspension and have not engaged in real estate appraising, as defined in Chapter 475, Florida Statutes Part II.

4. I am fully informed as to the requirements for a registered, licensed or certified real estate appraiser, and the continuation thereof, as set forth in Chapter 475, F.S., Part II, and the rules promulgated by the Florida Real Estate Appraisal Board, and state that I possess all such qualifications on the date hereof, and know of no fact, or circumstance, which if known to the Board would be grounds for denial of the reissuance of my appraiser status. I specifically understand that the disciplinary action did not affect or postpone my obligations concerning post-licensing education and/or continuing education.

5. I make these statements for use as evidence before the Florida Real Estate Appraisal Board and to induce said Board to reissue my appraisal status in accordance with the accompanying request form.

Signature\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Phone Number (Home)\_\_\_\_\_

(Work)\_\_\_\_\_

STATE OF FLORIDA, COUNTY OF\_\_\_\_\_

The foregoing instrument was acknowledged before me this\_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

By\_\_\_\_\_

Personally known\_\_\_\_\_, or produced identification\_\_\_\_\_

Type of identification produced\_\_\_\_\_

(Signature of Notary Public - State of Florida)

\_\_\_\_\_

(Print, type or stamp commissioned name of Notary Public)

\_\_\_\_\_

**\*NOTE:** The date of signature and notarization must be subsequent to the date of completion of the suspension, as shown in paragraph 2.