



Dipattamenton Kontribusion yan Adu'ana

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guahan

EDDIE BAZA CALVO, Governor / *Maga'lahi*
RAY TENORIO, Lt. Governor / *Tiñente Gubetnadot*

JOHN P. CAMACHO, Director
Akto Direktot
MARIE M. BENITO, Deputy Director
Sigundo Direktot

GUAM LICENSED APPRAISER CHECKLIST

- 1) Typewritten application with 2" x 2" photo
- 2) Proof of passing and AQB approved examination
- 3) Education (needs attachment of certificates)
- 4) Experience (needs submission of the appraisal log)
- 5) Good Reputation Requirement
- 6) Tax Clearance (Form I-9)
- 7) Fee of \$200.00 payable to Treasurer of Guam
- 8) Annual Registry Fee of \$80.00. (Registry fee must be a money order or cashier's check payable to:
Appraisal Subcommittee of the Federal Institution
Examination Council
- 9) Sample of Work-at least three (3) work samples that must be selected by the Department staff and not the applicant

Alicepsc/121615

*Filename: guam licensed appraiser checklist
mydocs-appraisal-appraiser*

GUAM REAL ESTATE APPRAISER APPLICATION (typewritten)

Read the Attached Checklist Before Completing this form		<input type="checkbox"/> Approved <input type="checkbox"/> Denied
NAME (First - Middle)	(LAST)	<hr/> Effective Date License No.
Mailing Address (Include Apt. No. & zip Code)	Social Security No.	Indicate type of license applying for: <input type="checkbox"/> Guam Licensed <input type="checkbox"/> Guam Certified General <input type="checkbox"/> Guam Certified Residential <input type="checkbox"/> Trainee Real Property Appraiser <input type="checkbox"/> Non-resident Certification <input type="checkbox"/> Temporary Practice
	Phone No.	

Circle or underline your answers and provide details on separate sheet as needed:

Have you attained the age of majority? Yes No

Are you a U.S. Citizen or an alien authorized to work in the United States? ... Yes No

Have you ever been licensed or certified in any other jurisdiction? Yes No

If yes, what jurisdiction? _____ License No. _____ Expiration Date: _____ Type of License _____

Have you ever been convicted of any crime directly related to the appraisal profession which has not been expunged or annulled? Yes No
 If response is "yes", give details on separate sheet.

Are you under investigation or are there any disciplinary proceedings or actions taken or pending against you by any jurisdiction? Yes No
 If response is "yes", give details on separate sheet.

A RECENT PHOTOGRAPH OF YOURSELF HERE. 2" X 2" Head Shoulders Front View Print Your name on the Back of the photo	AFFIDAVIT OF APPLICANT: I certify that the answers and statements in this application and the documents are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license or Certificate. I also appoint the Director of the Department of Revenue and Taxation to act as my agent upon whom all other process or legal notices directed to me may be served. Service upon the Director shall have the same force and validity as if personally served upon _____ and the Director's authority shall remain in force as long as liability remains outstanding. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ Date </div> <div style="width: 45%; text-align: center;"> _____ Signature of Applicant </div> </div>
---	---

Subscribed and Sworn to before me this _____ day of _____ 200_____.

NOTARY PUBLIC, STATE OF _____ MY COMMISSION EXPIRES: _____



Dipattamenton Kontribusion yan Adu'ana

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guahan

EDDIE BAZA CALVO, Governor Maga'lahi
RAY TENORIO, Lt. Governor Tihenle Gubetnadot

JOHN P. CAMACHO,  Director
MARIE BENITO, Deputy Director
Segundo Direktot

Form 1-9

TAX CLEARANCE FORM APPLICATION

NAME: _____

Doing Business As (dba)Name: (if any) _____

SSN: _____ EIN: _____

GRT Account Number: _____) New () Renewal

Type of License Applied: _____

Office Address: _____

Business Mailing Address: _____

Contact Nos: Landline: _____ Cellular: _____

Applicant's Printed Name

Authorized Signature

(DO NOT WRITE BELOW THIS LINE)

The above stated applicant is hereby issued a Tax Clearance for issuance of License indicated above.

(1) GENERAL
LICENSING***

(2) BPTP/GRT

(3) INCO TAX

(4) CO CTIONS

Cleared by: _____
Date: _____

Cleared by: _____
Date: _____

Cleared by: _____
Date: _____

Cleared by: _____
Date: _____

***for corporations
and LLCs only.

Apssc/022410