



**RENEWAL CHECKLIST for  
CERTIFIED GENERAL, CERTIFIED RESIDENTIAL  
GUAM LICENSED APPRAISER**

- 1) Typewritten application with 2" x 2" photo
- 2) Continuing education records\*\*-certificate of the course completion stating the number of classroom hours required must be attached to the application. *(Failure to attach all documents requested may result in denial of the application)*
- 3) License renewal fee of \$200.00 (for 2 years) payable to Treasurer of Guam
- 4) Tax Clearance (Form I-9)
- 5) Proof of payment made to Federal Institute Examination Council (FIEC) of \$80.00 for annual registry fee. *(must be cashiers' check or money order)*

\*\* applicants for renewal of the above licensures must demonstrate a minimum of twenty eight (28) classroom hours of education related to appraising, seven (7) hours must be the National Uniform Standards of Professional Appraisal Practice (USPAP).

Alicepsc/121615

Filename: renewal checklist- appraisers  
mydocs-appraisal-appraiser

## RENEWAL 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)	Effective Date _____ License No. _____
Mailing Address (Include Apt. No. & zip Code)	Social Security No.  Phone 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

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	<b>AFFIDAVIT OF APPLICANT:</b>  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 me, and the Director's authority shall remain in force as long as liability remains outstanding.
	_____ Date <span style="float: right;">Signature of Applicant</span>

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 Tiñente Gubetnadot

JOHN P. CAMACHO, Acting Director  
Direktor  
MARIE BENITO, Deputy Director  
Segundo Direktor

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) INCOME TAX

(4) COLLECTIONS

Cleared by: \_\_\_\_\_  
Date: \_\_\_\_\_

Cleared by: \_\_\_\_\_  
Date: \_\_\_\_\_

Cleared by: \_\_\_\_\_  
Date: \_\_\_\_\_

Cleared by: \_\_\_\_\_  
Date: \_\_\_\_\_

\*\*\*for corporations  
and LLCs only.

Apsc/022410