



Government of the Virgin Islands
of the United States

Department of Licensing and Consumer Affairs

Golden Rock Shopping Center
3000 Estate Golden Rock, Suite 9
St. Croix, VI 00820-4311
Telephone: 340.773.2226
Facsimile: 340.773.6982

Administrative Complex
"The Battery"
St. John, VI 00830
Telephone: 340.693.8036
Facsimile: 340.776.6989

Property & Procurement Building
8201 Subbase, Suite 1
St. Thomas, VI 00802-5826
Telephone: 340.774.3130
Facsimile: 340.776.8303

VIRGIN ISLANDS REAL ESTATE APPRAISERS BOARD

Department of Licensing and Consumer Affairs

Golden Rock Shopping Center, Christiansted

St. Croix, VI 00820

(340) 713-DLCA(3522) phone

(340) 718-6982 fax

Website: www.dlca.vi.gov

Attach 3
2x2 photos of
applicant here

**APPLICATION FOR
TEMPORARY PRACTICE PERMIT**

GENERAL INSTRUCTIONS: Real Estate Appraisers from other States and Territories who are Licensed or Certified by the Appraiser Licensing or Certifying Agencies in such State or Territory may apply for A Temporary Practice Permit in the Virgin Islands by filing this application and the Consent to Service of Process form.

Temporary Permit Fee: \$250.00 made payable to **"Government of the Virgin Islands."**

Part I

1. Full Name _____
2. Birth Date _____ 3. Social Security # _____
4. Physical Address _____
5. Mailing Address _____
6. Business Telephone () _____ 7. Home Telephone () _____
8. Citizenship _____ 9. Naturalized: ☐ yes ☐ no
10. Type of License/Certificate held in resident State or Territory _____
11. License/Certificate Number _____ Expiration Date _____

NOTE: Applicant must furnish sufficient information to identify the appraisal assignment, but shall not be required to divulge information concerning the appraisal assignment which would breach the applicant's duty of confidentiality under the provisions of USPAP.

"Serving Businesses and Assisting, Educating, & Protecting Consumers"

www.dlca.vi.gov



12. Name of Appraisal Assignment_____
13. Address of Appraisal Assignment _____
14. Projected Start Date_____ 15. Projected Completion Date_____
16. Firm you are providing the appraisal for_____
17. Firm's mailing address with zip code_____

Do not write below this line - FOR OFFICIAL USE ONLY

DISPOSITION: ☐ **APPROVED** **DISAPPROVED** ☐

Elissa Runyon
Chairperson
Virgin Islands Real Estate Appraisers Board

Date:_____

Part III

CONSENT TO SERVICE OF PROCESS

Know all men by these presents:

Pursuant to the requirements of Chapter 16, Title 27, of the Virgin Islands Code, the undersigned individual _____ (applicant's name) does hereby irrevocably consent, stipulate and agree that suits, actions and administrative proceedings may be commenced against such applicant in the courts and agencies of this Territory, by the service of any process authorized by the laws of this Territory on the **Virgin Islands Real Estate Appraisers Board**, and that service of such process upon said _____ (applicant's name) shall be taken and held in all courts to be valid and binding as if the service had been made upon said applicant in the Territory of the Virgin Islands. I hereby certify that the information provided in this application is true and correct to the best of my knowledge.

Signature of Applicant

Date

State/Territory of _____)

County of _____)

Before me personally appeared the above-named individual who acknowledged the execution of the foregoing instrument for the purpose set forth therein.

Witness my hand and official seal this _____ day of _____, 20_____.

Notary Public

SEAL

My commission expires: _____