State of Maine
Department of Professional and Financial Regulation
BOARD OF REAL ESTATE APPRAISERS
35 State House Station
Augusta ME 04333-0035

SUPERVISING APPRAISER VERIFICATION OF EXPERIENCE FOR TRAINEE

TRAINEE NAME _____ LICENSE # _____

SUPERVISOR NAME _____ LICENSE # _____

MONTH/YEAR _____ HOURS FOR MONTH _____

Date of Report	A. Client Name and Address B. Property Address, City, State, Zip	File #	Type of Property (SFR, Condo, 2-4 Units)	Description of Applicant's Work Performed	Scope of Supervising Appraiser's Review	Scope of Supervising Appraiser's Supervision	Number of Actual Hours Worked by Applicant
	A. B.						
	A. B.						
	A. B.						
	A. B.						
	A. B.						

_____
Signature of Trainee License #

_____
Signature of Supervising Appraiser License #