

ARA Fast Track Exam Application

READ CAREFULLY, COM	PLETE FULL		DATE:					
NAME:					BADGE NAME:			
BUSINESS NAME:								
MAILING ADDRESS:								
MAILING ADDRESS:								
CITY:			8	STATE:	ZIP:			
WORK PHONE:		HOME PHONE:			FAX NUMBER	₹:		
E-MAIL ADDRESS:								
DESIGNATION(S) HELD:	□ AACI □ RPRA	□ MAI □ SRA	□ ASA	OTHER:				
EDUCATION		Name of Sch	ool	Years Attended	Year Graduated	Degree		
High School								
College Degree								
*College Undergraduate								
Graduate School								
Special Training								
EMPLOYMENT HISTORY Employer	- (List most r	· ·	·	Position	From N	Ло/Yr To Mo/Yr		
AGRICULTURAL ORGAN		CLUDING A	SFMRA CHAI	PTER AS MEMBER O				
	Name				Official Position/Title			
				-				

NOTE: The application is not complete without the insert sheet (5 of 5) — please make additional copies of this sheet to furnish a five-year record of your reports.

CERTIFICATION - Please provide evidence of certification as a Certified General Appraiser under the certification laws of any state. You must provide evidence of being an active member in good standing and hold a designation from an organization that requires passing a demonstration report.

AMERICAN SOCIETY OF FARM MANAGERS AND RURAL APPRAISERS EDUCATION: EDUCATION MUST BE COMPLETED 30 DAYS PRIOR TO SITTING FOR THE ACCREDTING EXAM.

REQUIRED EDUCATION <u>Date and Location</u>

ASFMRA Ethics tested course For AAIC's - must successfully	e and be current with ASFMRA Ethics requirement y complete 15 Hour USPAP	
APPEARANCES AS A PROFES Date	SIONAL APPRAISER Court/Board	Purpose
	Name:	
the Accreditation exam. An invoice	fee. An additional payment of \$350 for the exam fee will be due where will be sent for the exam fee along with notification that you have lessented to taking the exam. The application fee will be good for three exams	been approved to sit for the exan
READ CAREFULLY AND COMP	PLETE FULLY	
the American Society of Farm Ma a group or as individuals, for any	ably waive any claim or right of action at law or in equity that I may hanagers and Rural Appraisers, its officers, council, committee membrofficial act in connection with the business of said Society and particular title of "Accredited Rural Appraiser", or in disciplining me as a membroache.	ers, or its other officials, either as cularly as to its or their acts in
American Society of Farm Manag	mblem, or other evidence of said title issued to me shall at all times of gers and Rural Appraisers and shall be returned to it upon demand if that I will make no use, public or otherwise, of said title if it is revoked	and when requested for any
In addition, all applicants should u	understand the policy regarding the comprehensive exam as summa	rized below.
exam, under the direction of the A the exam is not passed the secon allowed to retake the exam for a t	ive exam is not passed on the first attempt, the examinee will be allow Appraisal Education and Accreditation Committee. As approved by the time, the examinee will be required to retake A304, (Integrated Appraisal time. If the exam is not passed the third time, the applicant will be requirements of the next cycle. Another examination fee will be required for all exam retakes.	the ASFMRA Executive Council, oproaches to Value), prior to bein not be allowed to reapply until the
	against you, either by legal proceeding or otherwise, based upon al negligence, malfeasance, or theft? $\ \square$ Yes $\ \square$ No If yes, please	
Witness:	Applicant Signature:	
Date:	Date:	

Mail original application, fees, and supporting documentation to:

American Society of Farm Managers and Rural Appraisers 720 S Colorado Blvd; Ste 360, Glendale, CO 80246 Phone: (303) 692-1224 | FAX (303) 758-0190

E-Mail: msadler@asfmra.org | http://www.asfmra.org

REFERENCES

List five references, at least one who is an ARA, and at least two from clients and/or their employees.
Indicate appropriate code for each reference:

1. Employer/Supervisor; 2. Client; 3. Farm Operator; 4. Accredited Rural Appraiser; 5. Other

Name:		Reference Code:
Business Name:		
Mailing Address:		
City:	State:	Zip:
Phone #:	Fax #:	
E-Mail Address:		
Name:		Reference Code:
Business Name:		
Mailing Address:		
	State:	Zip:
	Fax #:	
□ Mail Address		
		Reference Code:
Business Name:		
Mailing Address:		
City:	State:	Zip:
Phone #:	Fax #:	
E-Mail Address:		
Name:		Reference Code:
Business Name:		
Mailing Address:		
City:	State:	Zip:
Phone #:	Fax #:	
E-Mail Address:		
Name:		Reference Code:
Business Name:		
Mailing Address:		
City:	State:	Zip:
	Fa.: #:	
E-Mail Address:		
	Name:	

Application Deadlines

Contact the ASFMRA Office at the number listed above for the current application deadlines and exam dates. Current exam dates and deadlines are also listed on the ASFMRA web site at: http://www.asfmra.org

ATTACHMENT TO THE ARA APPLICATION

EXPERIENCE AS AN APPRAISER

Show at least a five-year record. *All experience must be obtained after January 31, 1989* Five year experience must have been accumulated by the date of the application deadline for which applied for

Year	No./Rural Vacant Land Appraisals	No./Rural Improved Property Appraisals	No./Urban Vacant Land Appraisals	No./Urban Income Appraisals	No./Single Family Appraisals	No./Special Purpose Appraisals

(One year of experience is a calendar year which a person spends not less than 1,600 hours as follows: <u>At least</u> 600 hours of the 1,600 must be spent appraising rural property for a fee or salary. The balance must be spent in a field related to rural appraisal.)

AGRICULTURAL EXPERIENCE ALLOCATION

PERCENTAGE OF YOUR TOTAL WORK TIME ALLOCATED PER YEAR

Show at least a five-year record. *All experience must be obtained after January 31, 1989* Five year experience must have been accumulated by the date of the application deadline for which applied for

<u>Year</u>	Total Hours Worked	Rural Appraisal	Urban Appraisal	Appraisal Review	Farm Mgmt	Farm Real Estate Sales	Farm Lending	Other Specify	Total
		<u></u> %	%	<u></u> %	%	<u></u>	%	%	100%
		<u></u> %	%	<u></u> %	%	<u></u>	%	%	100%
		<u></u> %	%	<u></u> %	%	<u></u>	%	%	100%
		<u></u> %	%	<u></u> %	%	<u></u>	%	%	100%
		%	%	%	<u></u> %	%	%	%	100%
		%	%	%	<u></u> %	%	<u></u> %	<u></u> %	100%
		%	%	%	%	%	%	%	100%

Name:

RURAL APPRAISAL REPORTS WRITTEN

YEAR:	

THIS FORM **MUST** BE COMPLETED IN ORDER TO DETERMINE EXPERIENCE CREDIT. FOR EACH YEAR YOU ARE REQUESTING CREDIT, PLEASE LIST REPORTS WRITTEN, DATE WRITTEN, AND ALL OTHER INFORMATION INDICATED BELOW. ALL EXPERIENCE MUST BE OBTAINED AFTER JANUARY 31, 1989. All qualifying work experience must be earned in the ten calendar years immediately prior to the application

All applicants are required to submit a five-year record of appraisal reports completed. The Accrediting Committee will choose one report from each of the last three years. The applicant will be required to submit these three reports to the ASFMRA office. The applicant will also be required to choose one report from each of the last three years to submit for review.

(Use one or more 8½ x 11forms for each year)

[Use check marks (√) where applicable] FINAL VALUE TYPE OF APPROACHES TYPE OF REPORT DATE REPORT COUNTY/STATE OR **ESTIMATE PROPERTY EMPLOYED** NO. OF ACRES WRITTEN **IDENTIFICATION PROVINCE** (TO NEAREST Vacant Improved Form Narrative Income Cost Sales (000) Signature: Date: _____ Type/Print Name: