



ARA Fast Track Exam Application

READ CAREFULLY, COMPLETE FULLY, MUST BE TYPED

DATE: _____

NAME: _____ BADGE NAME: _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ HOME PHONE: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

DESIGNATION(S) HELD: AACI MAI ASA OTHER: _____
 RPRA SRA _____

| EDUCATION | Name of School | Years Attended | Year Graduated | Degree |
|------------------------|----------------|----------------|----------------|--------|
| High School | | | | |
| College Degree | | | | |
| *College Undergraduate | | | | |
| Graduate School | | | | |
| Special Training | | | | |

EMPLOYMENT HISTORY - (List most recent experience first)

| Employer | Position | From Mo/Yr | To Mo/Yr |
|----------|----------|------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

AGRICULTURAL ORGANIZATIONS INCLUDING ASFMRA CHAPTER AS MEMBER OR OFFICER

| 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 ACCREDITING EXAM.**

REQUIRED EDUCATION

Date and Location

- ASFMRA Ethics tested course and be current with ASFMRA Ethics requirement
- For AAIC's - must successfully complete 15 Hour USPAP

APPEARANCES AS A PROFESSIONAL APPRAISER

| Date | Court/Board | Purpose |
|-------|-------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Name: _____

FEES

Attach check for \$400 application fee. An additional payment of \$400 for the exam fee will be due when you have been cleared to take the Accreditation exam. An invoice will be sent for the exam fee along with notification that you have been approved to sit for the exam. The exam fee must be paid prior to taking the exam. The application fee will be good for three exams within a three-year period from date submitted.

READ CAREFULLY AND COMPLETE FULLY

AGREEMENT - I hereby irrevocably waive any claim or right of action at law or in equity that I may have at any time hereafter against the American Society of Farm Managers and Rural Appraisers, its officers, council, committee members, or its other officials, either as a group or as individuals, for any official act in connection with the business of said Society and particularly as to its or their acts in conferring or failing to confer the title of "Accredited Rural Appraiser", or in disciplining me as a member and as a holder of said title.

It is agreed that any certificate, emblem, or other evidence of said title issued to me shall at all times remain the property of the American Society of Farm Managers and Rural Appraisers and shall be returned to it upon demand if and when requested for any reason whatsoever. It is agreed that I will make no use, public or otherwise, of said title if it is revoked and terminated by said Society.

In addition, all applicants should understand the policy regarding the comprehensive exam as summarized below.

In the event that the comprehensive exam is not passed on the first attempt, the examinee will be allowed one opportunity to retake the exam, under the direction of the Appraisal Education and Accreditation Committee. As approved by the ASFMRA Executive Council, if the exam is not passed the second time, the examinee will be required to retake A304, (Integrated Approaches to Value), prior to being allowed to retake the exam for a third time. If the exam is not passed the third time, the applicant will not be allowed to reapply until the next cycle and will be subject to the requirements of the next cycle. Another examination fee will be required for the third exam. An examination fee of \$350 will be required for all exam retakes.

Has anyone ever made a claim against you, either by legal proceeding or otherwise, based upon, or which could have been based upon, fraud, professional negligence, malfeasance, or theft? Yes No If yes, please attach a separate sheet detailing the circumstances.

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: _____

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: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

Name: _____ Reference Code: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

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

| <i>Year</i> | <i>No./Rural Vacant Land Appraisals</i> | <i>No./Rural Improved Property Appraisals</i> | <i>No./Urban Vacant Land Appraisals</i> | <i>No./Urban Income Appraisals</i> | <i>No./Single Family Appraisals</i> | <i>No./Special Purpose Appraisals</i> |
|-------------|---|---|---|------------------------------------|-------------------------------------|---------------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

(One year of experience is a calendar year which a person spends not less than 1,600 hours as follows: At least 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

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

Name: _____

