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Please fax your completed form and copies of License & E&O Insurance Coverage to 770.234.5400 today.

Thank you for your interest in our company!!!

APPRAISALS

APPRAISER RESUME FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ Ext. _____ MOBILE _____

FAX _____ E-MAIL _____

Best way to reach you? _____

Are you EDI Capable? _____

Which appraisal software do you use? _____

Average turnaround time? _____

Are there times of the year when you are not available for assignments? Yes / No

If Yes, Explain: _____

Coverage Areas: _____

State of License or Certification: _____ License / Certification Number: _____

Are you a trainee? Yes / No Experience: _____

FHA Approved? Yes / No

E&O Insurance Carrier: _____ Policy #: _____

E&O Policy Limits: \$ _____ Expires (MM/DD/YYYY): _____

E&O Phone Number: _____ Accept Credit Cards? Yes / No

Other information you feel important to know: _____ If so, What Kind? Master Card / Visa
Discover / American Express
