



*Dipåtamenton Kontribusion yan Adu'ána*

DEPARTMENT OF

# REVENUE AND TAXATION

GOVERNMENT OF GUAM

*Gubetnamenton Guáhan*

EDDIE BAZA CALVO, Governor / *Maga'láhi*  
RAY TENORIO, Lt. Governor / *Tiñente Gubetnadot*

JOHN P. CAMACHO, Director  
Akto Direktot  
MARIE M. BENITO, Deputy Director  
Sigundo Direktot

## TRAINEE REAL ESTATE APPRAISER CHECKLIST

- 1) Typewritten application with 2" x 2" photo
- 2) Education – please attach 75 hours with 15hrs of USPAP  
(all education must be completed within 5 years of application)
- 3) Fee of \$200.00 payable to Treasurer of Guam
- 4) Copy of appraisal log maintained signed by both Appraiser Trainee and Certified (Residential or General) Supervising Appraiser.
- 5) Proof of Supervisor/Trainee Course
- 6) Tax Clearance (Form I-9)

NOTE: Appraisal Log Book must have the following:

- a) Date of report
- b) Client name and address
- c) Address of appraised property
- d) Description of work performed
- e) Number of work hours
- f) Signature and license/certification number of the Supervising Appraiser

*Alicepsc/121615*

*Filename: trainee appraiser checklist  
mydocs-appraisal-appraiser*

**GUAM REAL ESTATE APPRAISER APPLICATION** (typewritten)

Read the Attached Checklist Before Completing this form		( ) Approved ( ) Denied
NAME (First - Middle)	(LAST)	Effective Date _____ License No. _____
Mailing Address (Include Apt. No. & zip Code)	Social Security No.  Phone No.	Indicate type of license applying for: ( ) Guam Licensed ( ) Guam Certified General ( ) Guam Certified Residential ( ) Trainee Real Property Appraiser ( ) Non-resident Certification ( ) Temporary Practice

Circle or underline your answers and provide details on separate sheet as needed:

Have you attained the age of majority? ..... Yes No

Are you a U.S. Citizen or an alien authorized to work in the United States? ..... Yes No

Have you ever been licensed or certified in any other jurisdiction? ..... Yes No

If yes, what jurisdiction? \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Type of License \_\_\_\_\_

Have you ever been convicted of any crime directly related to the appraisal profession which has not been expunged or annulled? ..... Yes No

If response is "yes", give details on separate sheet.

Are you under investigation or are there any disciplinary proceedings or actions taken or pending against you by any jurisdiction? ..... Yes No

If response is "yes", give details on separate sheet.

<p>A RECENT PHOTOGRAPH OF YOURSELF HERE.</p> <p align="center">2" X 2" Head Shoulders Front View</p> <p>Print Your name on the Back of the photo</p>	<p><b>AFFIDAVIT OF APPLICANT:</b></p> <p>I certify that the answers and statements in this application and the documents are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license or Certificate.</p> <p>I also appoint the Director of the Department of Revenue and Taxation to act as my agent upon whom all other process or legal notices directed to me may be served. Service upon the Director shall have the same force and validity as if personally served upon me, and the Director's authority shall remain in force as long as liability remains outstanding.</p> <p align="center">_____</p> <p align="center">Date <span style="margin-left: 200px;">Signature of Applicant</span></p>
--	--

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_.

NOTARY PUBLIC, STATE OF \_\_\_\_\_ MY COMMISSION EXPIRES: \_\_\_\_\_



Dipáttamenton Kontribusion yan Adu'ána

DEPARTMENT OF

# REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guáhan

EDDIE BAZA CALVO, Governor / Maga'láhi  
RAY TENORIO, Lt. Governor / Tiñente Gubetnadot

JOHN P. CAMACHO, Director  
Direktot  
MARIE M. BENITO, Deputy Director  
Segundo Direktot

## TAX CLEARANCE APPLICATION FORM

Form I-9

NAME: \_\_\_\_\_

Doing Business As (DBA) Name, if any: \_\_\_\_\_

SSN: \_\_\_\_\_ EIN: \_\_\_\_\_

GRT Account Number: \_\_\_\_\_

Type of License Applied: \_\_\_\_\_

NEW

RENEWAL

Office Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Authorized Signature)

(DO NOT TYPE BELOW THIS LINE)

The above-stated applicant is hereby issued by tax clearance for issuance of  
New / Renewal Business License.

(1) General Licensing\*\*\*  
Branch Stamp Below

(2) BPTB/GRT  
Branch Stamp Below

(3) ITAPB  
Branch Stamp Below

(4) COLLECTIONS  
Branch Stamp Below

Cleared By: \_\_\_\_\_  
Date: \_\_\_\_\_

Cleared By: \_\_\_\_\_  
Date: \_\_\_\_\_

Cleared By: \_\_\_\_\_  
Date: \_\_\_\_\_

Cleared By: \_\_\_\_\_  
Date: \_\_\_\_\_

\*\*\*For corporations & LLCs only