

# **ARA Fast Track Exam Application**

High School	CAREFULLY, COMPLETE	DATE:			
WAILING ADDRESS:		BADGE NAME:			
AAILING ADDRESS:	ESS NAME:	_			
MAILING ADDRESS:	IG ADDRESS:				
CITY:					
WORK PHONE:					
-MAIL ADDRESS: DESIGNATION(S) HELD: AFM MAI ASA OTHER: RPRA SRA  EDUCATION Name of School Years Attended Year Graduated De High School College Degree					
DESIGNATION(S) HELD:       AFM       MAI       ASA       OTHER:					
High School	NATION(S) HELD:	FM 🗆 MAI 🗆 ASA			
College Degree	ATION	Name of School	Years Attended	Year Graduated	Degree
*College Undergraduate	School				
Graduate School	je Degree				
Special Training  MPLOYMENT HISTORY - (List most recent experience first)  Employer Position From Mo/Yr  AGRICULTURAL ORGANIZATIONS INCLUDING ASFMRA CHAPTER AS MEMBER OR OFFICER	ge Undergraduate				
EMPLOYMENT HISTORY       - (List most recent experience first)         Employer       Position         From Mo/Yr         AGRICULTURAL ORGANIZATIONS INCLUDING ASFMRA CHAPTER AS MEMBER OR OFFICER	ate School				
Employer Position From Mo/Yr	al Training				
AGRICULTURAL ORGANIZATIONS INCLUDING ASFMRA CHAPTER AS MEMBER OR OFFICER	DYMENT HISTORY - (List	most recent experience first)			
	Employer		Position	From Mo	/Yr To Mo/Yr
			HAPTER AS MEMBER C		
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NOTE: The application is not complete without the insert sheet (5 of 5) — please make additional copies of this sheet to furni				Iditional panics of this sha	of to furnish a first

**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**

**Date and Location** 

ASFMRA Code of Ethics tested course and be current with ASFMRA six-year Ethics requirement

#### APPEARANCES AS A PROFESSIONAL APPRAISER

Date	Court/Board	Purpose

Name: \_\_\_\_\_

#### FEES

Attach check for \$350 application fee. An additional payment of \$350 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? $\Box$ Yes $\Box$ No If yes, please attach a separate sheet detailing the circumstances.

Witness:	Applicant Signature:
Date:	Date:
Mail original application, fees, and supporting docume	entation to:
American Society of Farm Managers and Rural Appraisers	3
720 S Colorado Blvd; Ste 360, Glendale, CO 80246	

Phone: (303) 692-1224 | FAX (303) 758-0190 E-Mail: ASFMRA@asfmra.org | http://www.asfmra.org

#### REFERENCES

	east one who is an ARA, and at least two fror Indicate appropriate code for each refere <i>i</i> sor; 2. Client; 3;. Farm Operator; 4. Accredit	ence:
Pusinosa Nama:		
City:		Zip:
Phone #:		·
Name:		Reference Code:
Business Name:		
Mailing Address:		
City:	State:	Zip:
Phone #:	Fax #:	
E-Mail Address:		
Name:		Reference Code:
Business Name:		
Mailing Address:		
City:	•	Zip:
Phone #:		
E-Mail Address:		
Name:		Reference Code:
Business Name:		
Mailing Address:		
City:		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: <u>http://www.asfmra.org</u>

#### 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

Year	Total Hours Worked	Rural Appraisal	Urban Appraisal	Appraisal Review	Farm Mgmt	Farm Real Estate Sales	Farm Lending	Other Specify	Total
		%	%	%	%	%	%	%	100%
		%	%	%	%	%	%	%	100%
		%	%	%	%	%	%	%	100%
		%	%	%	%	%	%	%	100%
		%	%	%	%	%	%	%	100%
		%	%	%	%	%	%	%	100%
		%	%	%	%	%_	%	%	100%

Name: \_\_\_

#### **RURAL APPRAISAL REPORTS WRITTEN**

YEAR: \_\_\_\_\_

[Use check marks  $(\checkmark)$  where applicable]

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)

DATE REPORT WRITTEN IDENTIFICATIOI		EPORT NO. OF ACRES	COUNTY/STATE OR	FINAL VALUE ESTIMATE	TYPE OF PROPERTY		TYPE OF REPORT		APPROACHES EMPLOYED		
WRITTEN	IDENTIFICATION	NO. OF ADRED	PROVINCE (TO NEAREST '000)	(TO NEAREST '000)	Vacant	Improved	Form	Narrative	Income	Cost	Sales

#### Date:

Signature: \_\_\_\_

Type/Print Name: \_\_\_\_\_