

Worth Valuation Services, Inc. 6150 Oak Tree Blvd. Suite 550 Independence OH 44131 Phone: (877) 216-0606

$\underline{\mathsf{USAppraiserQualifyingQuestionaire}}$

•	Company Name
•	Address
•	Appraiser Name
•	Email address
•	Principal or Owner Name
1)	How many years of experience do you have appraising for federally related transactions?
2)	What state (s) are you licensed in?
3)	Does your licensure level allow you to complete unique/ complex 1-4 family assignments as may be mandated by your state licensing board(s)?
4)	How many years of experience appraising overall do you have?
5)	Can you furnish a written report two business days after inspection?
6)	Will you respond within two business days for review issues?
7)	Do you agree to update our system for major milestones and to respond to any additional inquiries within 24 business hours?
8)	Do you agree to post all your fees for all products and services you provide upon acceptance to our network?

9)	Additional services. Please check all that apply.							
		FI	НА	USDA	REO			
		Disaster I	nspections	Construction	on Draw Inspe	ctions		
10)	Do you agree to	review all revi	ew all order at	tachments ir	ncluding our S	tatement of Engage	ement and Client	
	Specific order instructions, prior to accepting any assignment from us?							
11)	1) Do you belong to any professional associations? Please check all that apply.							
	Al A	ASA	NAIFA	NAR	CRE			
-	is checked for any tion. (Please use a			olease provide	details including	g year and final		
a)	Have you been o	-				ssional or trade ass	sociation for any	
b)	Have you been r	efused or den	ied a professio	onal license,	certificate, or	registration by any	y public entity?	
c)	Have you had an way for any reas		l license, certif	ficate or regi	stration revok	ed, suspended, or	limited in any	
d)	·	-	-	-		sociation that you ion, or ethical rule		
e)	Have you been o				nted intervent	ion in lieu of convi	iction for any	
f)	Do you conform	to USPAP as f	ar as conduct a	and develop	ment and repo	orting of appraisals	5?	

Appraiser Qualifying Questionairre

• Please provide us with a W-9, proof of errors & omissions insurance list of counties that you cover and a resume'.

Please check all that apply:					
☐ Small Disadvantaged Business, by definition					
☐ Certified by SBA as a HUBZone Small Business (<u>www.sam.gov</u>) — Please include a copy of certification.					
☐ Small Business area					
☐ Women Owned Small Business					
☐ Veteran Owned Small Business					
☐ Service-Disabled Veteran Owned Small Business					
☐ Alaskan Native Corporation					
☐ Indian Tribe					
□ Non-profit					
☐ Minority Owned					
☐ Other: Specify					
I, the undersigned, certify that the statements made in this document are truthful to the best of my knowledge.					
Name:					
Signature:					
Date:					