

BROOKLYN SCHOOL OF REAL ESTATE

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APPRAISAL ENROLLMENT FORM

DATE _____ 20__

Personal information

FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ MOBILE PHONE _____

WORK PHONE _____ FAX _____

E-MAIL ADDRESS _____

BUSINESS ADDRESS _____

- 1) TITLE : **R-5** START DAY _____ COMPLETION DATE _____ HRS. 30
- 2) TITLE : **R-6** START DAY _____ COMPLETION DATE _____ HRS. 30
- 3) TITLE : **R-7** START DAY _____ COMPLETION DATE _____ HRS. 15
- 4) TITLE : **R-8** START DAY _____ COMPLETION DATE _____ HRS. 15
- 5) TITLE : **R-9** START DAY _____ COMPLETION DATE _____ HRS. 30
- 6) TITLE : **R-10** START DAY _____ COMPLETION DATE _____ HRS. 15
- 7) TITLE : **NATIONAL USPAP** START DAY _____ COMPLETION DATE _____ HRS. 15

CREDIT CARD INFORMATION

CREDIT CARD HOLDER NAME _____

CARD TYPE _____ (VISA OR MASTERCARD)

SECURITY CODE NUMBER _____ (LAST 3 DIGIT ON THE BACK OF YOUR CREDIT CARD)

CARD NUMBER _____ EXP. DATE _____

AMOUNT PAID \$ _____ **BALANCE DUE \$** _____ **DATE** _____

SIGNATURE _____