



MOTOR VEHICLE PHYSICAL DAMAGE APPRAISER APPLICATION

FEE - \$55.00
MAKE CHECKS PAYABLE TO COMMONWEALTH OF PA
RETURN COMPLETED APPLICATION TO:
PA INSURANCE DEPARTMENT
BUREAU OF LICENSING AND ENFORCEMENT
1209 STRAWBERRY SQUARE
HARRISBURG PA 17120

PART I PLEASE TYPE OR PRINT IN BLACK INK

SOCIAL SECURITY NUMBER - - DATE OF BIRTH / /
Month Day Year

FULL LEGAL NAME LAST NAME FIRST NAME MIDDLE INITIAL (JR, SR, III)

NOTE: THE FULL FIRST NAME MUST BE USED - NO NICKNAMES.

RESIDENCE ADDRESS * STREET () CITY STATE ZIP CODE HOME TELEPHONE NUMBER

BUSINESS NAME

BUSINESS ADDRESS* STREET () CITY STATE ZIP CODE BUSINESS TELEPHONE NUMBER

*ALL ADDRESSES MUST BE PROVIDED AND P.O. BOXES ARE NOT ACCEPTABLE FOR RESIDENCE OR BUSINESS ADDRESSES.

EMAIL ADDRESS (OPTIONAL):

PART II REQUIREMENTS

The following requirements must be satisfied to apply for a license:

- 1.) Complete the approved training course or have six (6) months of continuous experience related to this field (experience or course completion must have been obtained within the last three years). Fax or email a copy of your job description(s) showing you meet the six months continuous experience; or fax or email a completion certificate for special education or training related to appraising motor vehicle physical damage. Our fax number is 717-787-8553. Our email address is ra-in-producer@state.pa.us.
2.) Pass the appropriate Pennsylvania examination.

NOTE: ALL MOTOR VEHICLE PHYSICAL DAMAGE APPRAISER LICENCES EXPIRE ANNUALLY ON JUNE 30.

You may view the status of your license application on our web site at www.insurance.pa.gov. Once your license has been issued, you may print your license from our web site. Please be advised that the Department no longer mails licenses.

PART III BACKGROUND INFORMATION

- YES NO
1. Have you ever been convicted of or pled nolo contendere (no contest) to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against you? (If yes, provide certified court records as to the type of charge (i.e. felony), basis of charge and outcome or sentence.)
2. Have you ever been subject to an administrative action, penalized or fined, had an insurance license or other financial services license or its equivalent refused, suspended or revoked by a Government entity or is any such action now pending? (If yes, provide a full explanation on a separate sheet of paper.)
3. Have you ever failed to pay state income tax or comply with any administrative or court order directing the payment of state income tax?

If you answer yes, identify the jurisdiction (s): _____

4. Have you ever failed to comply with an administrative or court order imposing a child support obligation?

PART IV EMPLOYMENT HISTORY

LIST IN CHRONOLOGICAL ORDER YOUR CURRENT AND PREVIOUS RECORD OF EMPLOYMENT OR EDUCATION COVERING AT LEAST 2 YEARS PRECEDING THE DATE OF APPLICATION

CURRENT EMPLOYER

Name	Address	
_____	_____	
From	To	Occupation
_____	_____	_____

PREVIOUS EMPLOYER
(IF APPLICABLE)

Name	Address	
_____	_____	
From	To	Occupation
_____	_____	_____

TRAINING COURSES:

School Name	Address	
_____	_____	
From	To	
_____	_____	

PART V APPLICANT'S CERTIFICATION

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments are true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. I further certify that I grant permission to the Insurance Commissioner, or other appropriate party to verify information with any federal, state or local government agency, current or former employer, or insurance company. I authorize the release of any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the persons providing information from any and all liability of whatever nature by reason of furnishing such information.
3. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
4. I acknowledge that I understand and will comply with the insurance laws and regulations of Pennsylvania.
5. I understand that all fees are non-refundable.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)