

IMPORTANT REQUIREMENT!

SUPERVISING APPRAISER'S ACCEPTANCE OF RESPONSIBILITY FOR THE APPRAISER INTERN

In order to receive experience credit, you must immediately notify the Mississippi Appraisal Board of the name of the supervising appraiser(s) with whom you are working. Notification shall be by way of providing the Board with a copy (keep original) of this letter bearing your supervising appraiser's signature on the below line, verifying their receipt and understanding of the activities you are allowed to perform; specifically, those that you are prohibited from doing.

The Appraiser Intern: (EFFECTIVE 01/01/2015)

- (1) Must complete the Supervisory Appraiser/Appraiser Intern course & attach a copy of the course certificate to this form.**
- (2) May not sign the appraisal report or certification.**
- (3) May not perform the final value analysis.**
- (4) Can assume NO responsibility for the appraisal report.**
- (5) May in no circumstance hold self out as being a Licensed Appraiser.**

The Supervisory Appraiser: (EFFECTIVE 01/01/2015)

- (1) Must complete the Supervisory Appraiser/Appraiser Intern course & attach a copy of the course certificate to this form.**
- (2) Must have been a certified appraiser no less than 3 years.**
- (3) The supervising appraiser must physically accompany the Intern during all appraisal activities until such time as the supervisor is confident the Intern is competent to perform appraisal activities alone.**
- (4) At no time shall the Appraiser Intern provide significant professional assistance as defined in Mississippi Code Section 73-34-5 (1) (c).**

I agree to be the Supervisory Appraiser for the Appraiser Intern named below, to take full responsibility for the work performed by the Intern under my supervision, and to name the Intern and list the task performed by the Intern in my appraisal for each appraisal listed on the Appraiser Intern's Experience Log Form.

Appraiser Intern Name (Print): _____

Supervisors Name (Print): _____

Supervisors Signature: _____ Date: _____

License # : _____

Supervisors Name (Print): _____

Supervisors Signature: _____ Date: _____

License # : _____

If you have any questions, please contact this office by calling (601) 359-5440.