KENTUCKY REAL PROPERTY APPRAISERS BOARD

Appraisal Log (Please type or print)

Associate Name: _____ Associate License No.: _____

Level Requesting Upgrade To: _____

Number of Hours on This Form: _____ Cumulative Log Total: _____

Signature: _____ Date: _____

Applicants must enter actual hours, subject to maximums approved by the Board.

Page No. ____

of ____ pages

Report Date	Subject Property Address	Report Type	Property Type	Client Named in Report	Market Value Opinion	A - Associate S – Supervisor	I. Developed Site Desc. & Analysis	II. Developed Bldg. Desc. & Analysis	III. Nbhd Description & Dev. Analysis	IV. Developed the Highest & Best Use	V. Collected, Verified, and Analyzed Data	VI. Developed Income Approach	VII. Developed Cost Approach	VIII. Developed Sales Comparison	IX. Developed Final Reconciliation	X. Other (please attach explanation)	Associate Hours
						A											
						S											
						A											
						S											
						A											
						S											
						A											
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Report Type: Restricted Appraisal Report **= R** Appraisal Report **= AR** **- Property Type:** 1 to 4 Residential units/lots **= R** or Greater than 4 Residential units/lots **= G**

Associates must:

1) Indicate the part(s) of each assignment the ***Associate*** contributed by putting an "x" in the Columns I through X.

2) Prepare a separate log for each ***Supervisor*** and have each supervisor follow instructions 3 & 4 below. (Only Certified General may supervise assignments greater than 1 to 4 units.)

3) For each part(s) of each assignment, Supervisors must indicate whether they: **P** – Had **P**rimary Responsibility **C** – **C**o-appraised **R** – **R**eviewed and Approved

By signing this document, both the Supervisor and the Associate certify that any material misrepresentation shall be punishable as perjury, in the first degree, a felony crime, pursuant to KRS 523.020 and shall also be grounds for suspension, revocation or refusal to renew any certificate or license granted to same.

4) **Supervisor Name (Print): _____ Supervisor's KY License Number: _____**

Supervisor Signature: _____ Date: _____