

APPLICATION FOR APPROVAL TO PROVIDE REAL ESTATE ACQUISITION & RELOCATION SERVICES

This information is required by authority of Act 286, P.A. of 1986
An Equal Opportunity Employer

INDIVIDUAL NAME	BUSINESS NAME
HOME ADDRESS	BUSINESS ADDRESS
HOME COUNTY	BUSINESS COUNTY
LAST 4 DIGIT SOCIAL SECURITY # XXX-XX-	FEDERAL I.D. #
HOME TELEPHONE #	BUSINESS TELEPHONE #
EMAIL ADDRESS	FAX #

REAL ESTATE LICENSES (attach additional sheets if necessary)

YEARS OF EXPERIENCE	TYPE AND/OR LEVEL OF LICENSE	LICENSE # (Please attach a copy)
	Real Estate Salesperson	
	Real Estate Broker	
	Real Estate Appraiser @ level:	

PROFESSIONAL AFFILIATIONS AND/OR DESIGNATIONS (attach additional sheets if necessary)

REAL ESTATE COURSES (Attach additional sheets if necessary)

YEAR	COURSE NAME	SPONSOR	LOCATION	PASSING GRADE? (Attach Certificate)

FORMAL EDUCATION (Attach additional sheets if necessary)

YEAR	SCHOOL OR COLLEGE	ADDRESS	GRADUATED	DEGREE

GENERAL ACQUISITION EXPERIENCE RECORD (LAST 5 YEARS)

Year	HOMES		APARTMENTS		STORES		OFFICE BUILDING		INDUSTRIAL		FARMS	
	#	Dollar Value	#	Dollar Value	#	Dollar Value	#	Dollar Value	#	Dollar Value	#	Dollar Value

GENERAL RELOCATION EXPERIENCE RECORD (LAST 5 YEARS)

Year	HOMES		APARTMENTS		STORES		OFFICE BUILDING		INDUSTRIAL		FARMS	
	#	Dollar Value	#	Dollar Value	#	Dollar Value	#	Dollar Value	#	Dollar Value	#	Dollar Value

GENERAL NEGOTIATION/RELOCATION EXPERIENCE RECORD:

NEGOTIATION/RELOCATION EXPERIENCE ACQUIRING RIGHT-OF-WAY FOR GOVERNMENTAL AGENCIES (State your experience in acquiring ROW and relocating persons and businesses in accordance with the Uniform Relocation Assistance and Real Property Acquisition acts, or similar experience.

WHAT OTHER EXPERIENCE DO YOU HAVE?

WHAT TYPES OF NEGOTIATIONS AND/OR RELOCATIONS DO YOU GENERALLY DEVOTE MOST OF YOUR TIME?

THE FOREGOING STATEMENTS ARE TRUE AND CORRECT. I AUTHORIZED THE MICHIGAN DEPARTMENT OF TRANSPORTATION TO VERIFY THE CONTENTS OF THIS APPLICATION, AND IF REQUESTED, I AGREE TO SUBMIT COPIES OF MY ACQUISITION AND/OR RELOCATION WORK, OR OTHER VERIFICATION AS MAY BE REQUIRED.

APPLICANT SIGNATURE	DATE
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MICHIGAN DEPARTMENT OF TRANSPORTATION REVIEW OF APPLICATION

I have personally interviewed this applicant, and to the best of my knowledge find this application to be a true statement of fact. I recommend approval subject to the following conditions.

REVIEWING AGENT SIGNATURE	TITLE	DATE
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CENTRAL OFFICE APPROVAL

APPROVED BY	TITLE	DATE
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