OMB Control No. 2900-0113 Respondent Burden: 30 Minutes Expiration Date: 09/30/2021

## Department of Veterans Affairs

## APPLICATION FOR FEE OR ROSTER PERSONNEL DESIGNATION

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (for example: Authorized for release of information to Congress when requested for statistical purposes) as identified in the VA system of records, (17VA26), Loan Guaranty Fee Personnel and Program Participant Records-VA, published in the Federal Register. Your obligation to respond is mandatory. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Chapter 37, Title 38 U.S.C. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

**RESPONDENT BURDEN**: We need this information to enable VA to determine whether you qualify for designation in the position for which you are applying. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form. **PENALTY**: Failure to provide any of the requested information could affect the decision to approve your application since this decision will be made only on the basis of available information we currently have on record. This may result in a delay in the processing of your application. INSTRUCTIONS: Please print clearly. Completed VA application may be submitted by e-mail or by mail to the VA Regional Loan Center of Jurisdiction. ETHNICITY AND RACE: Please provide both ethnicity and race. For race, you may check more than one designation **DESIGNATION BEING APPLIED FOR:** REAL ESTATE APPRAISER COMPLIANCE INSPECTOR 3 SOCIAL SECURITY NUMBER 2 DATE OF BIRTH 1. NAME OF APPLICANT (First, middle, last) 4. SEX (Voluntary information) **5. ETHNICITY AND RACE** (Voluntary information) **B. RACE** A. ETHNICITY NATIVE HAWAIIAN OR OTHER AMERICAN INDIAN OR ALASKAN NATIVE ☐ MALE HISPANIC OR LATINO PACIFIC ISLANDER NOT HISPANIC OR LATINO FEMALE ASIAN **BLACK OR AFRICAN AMERICAN** WHITE 6. RESIDENCE ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code) 7. TELEPHONE NUMBER (Include Area Code) 8. E-MAIL ADDRESS 9. BUSINESS ADDRESS (Address where Field Reviews are to be sent) 10. BUSINESS TELEPHONE NUMBER (Include Area Code) 11. E-MAIL ADDRESS 12. PRESENT OCCUPATION 13. NAME AND ADDRESS OF PRESENT EMPLOYER 14. EDUCATION INFORMATION **ITEM EDUCATION NUMBER OF YEARS DEGREE(S) AWARDED** (If applicable) Δ HIGH SCHOOL **COLLEGE** 15. ADVANCED EDUCATION OR TRAINING, VOCATIONAL, BUSINESS, OR SPECIAL COURSES (Enter course and school name and location) 16. PROFESSIONAL ORGANIZATIONS OF WHICH YOU 17. CERTIFICATION/LICENSE INFORMATION ARE A MEMBER (Attach copy(ies) of applicable certification/license (s)) C. STATE B. CERTIFICATION/ LICENSE NUMBER D. EXP. DATE WHERE ISSUED A. KIND 18A. HAVE YOU BEEN PREVIOUSLY APPROVED BY 18B. OFFICE NAME AND ADDRESS **18C. DATES OF FEE ACTIVITY** VA FOR A FEE POSITION? **FOR VA FROM** TO YES NO (If "Yes," complete Items 18B and 18C)

26-6681

19. GEOGRAPHIC AREA(	S) OF PRACTICE (Lis	t your appraisal	/inspection area	a(s), by State and Coun	ty)	
20. STATE PRINCIPAL ASSIGNMENTS DURING AT LEAST THE PAST 5 YEARS (Attach additional sheet as necessary)						
A. PERIOD DATES		B. NU	B. NUMBER OF ASSIGNMENTS C.		NAMES OF CLIENTS OR ORGANIZATIONS	
FROM	FROM TO A		SINIMENIS	VIS		
					/	1
		HISTORY DU	IRING THE F	AST 10 YEARS (Attach additional sheet as necessary)		
FROM	A. DATES  M TO		CUPATION	C. NAME OF EMPLOYER		D. ADDRESS
22. REFERENCES - LIST AND SUBMIT AT LEAST 3 LETTERS ATTESTING TO YOUR QUALIFICATIONS						
22. RE	FERENCES - LIS			<b>ST 3 LETTERS A</b> oust be from Fee Ap		OUR QUALIFICATIONS
A. REFERENCES				B. OCCUPATION		C. ADDRESS
7.1.1.2.1.0.2.0						
22 NUMBER OF ASSIGN	MENTS VOLUMILL	Laa Mayimiim	NUMBER OF A	SCICNIMENTS VOLL	25. E-MAIL ADDRES	<u> </u>
23. NUMBER OF ASSIGNMENTS YOU WILL ACCEPT PER WEEK			24. MAXIMUM NUMBER OF ASSIG WILL ACCEPT AT ONE TIME		25. L-WAIL ADDINES	3
I, the undersigned, understand and agree that:						
(a) VA may obtain a copy of my credit report.						
(b) The approval of this application does not constitute my appointment as an agent or employee of the Department of Veterans Affairs.						
(c) In performing fee work my status is that of an independent contractor.						
(d) My sole interest in all transactions shall be to perform fee assignments as required by VA standards and criteria.						
CERTIFICATION						
			CEN	ATIFICATION		
I HEREBY CERTIFY THAT to the best of my knowledge all the information stated herein, as well as any information provided in the accompaniment herewith, is true, accurate, and complete.						
26. APPLICANT'S SIGNATURE (DO NOT PRINT) (Must be legible)						27. DATE SIGNED
, , , , , , , , , , , , , , , , , , , ,						
REVIEWING OFFICIAL (Complete the following items)						
THIS APPLICATION HA	AS BEEN REVIEWE	D AND I HER	EBY RECOMN	MEND:	THIS APPLICANT APPRAISAL AREA	IS BEING RECOMMENDED IN THE ((S) OF THE COUNTY(IES) OR STATE
☐ DESIGNATION ☐ DISAPPROVAL					LISTED BELOW:	
SIGNATURE OF REVIEWING OFFICER DATE OF A				ION	N .	
S.O.W. TOTAL OF TALVILLAND		DATE OF ACTION				

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