

STATE OF NEVADA
 DEPARTMENT OF BUSINESS
 AND INDUSTRY
 REAL ESTATE DIVISION
 1818 E College Pkwy, Suite 1110
 Carson City, NV 89706

APPRAISAL ADVISORY REVIEW COMMITTEE
REVIEWER APPLICATION FORM
 (Please Print or Type)

If additional space is needed for any of the areas on this application, please attach a separate sheet for those items.
PLEASE COMPLETE THIS FORM, DO NOT ATTACH A RESUME AND REFER TO IT ON EACH QUESTION.

Name: Derek Stoddard License # A0007360-CR Phone No. (702) 275-5807
 Address: 1908 De Osma St Las Vegas NV 89102 Are you a U.S. Citizen yes no
 E-mail address: LibraAppraisals@cox.net Number of years as a Nevada resident 45
 Profession: Residential Real Estate Appraiser Years in profession: 23
 Number of years engaged as an appraiser within the State of Nevada 23

List Professional certifications, Licenses and Designations held and dates: (Please attach a copy of each)

Type of License/certification/designation:	Name under which it was held:	Dates held:
1. Certified Residential	Derek G Stoddard	1994 - present
2.		
3.		
4.		

BUSINESS HISTORY:

Please list business history for the past five (5) years; begin with current business/employer.

Name of Business:	Title:	Dates of Employment:	Major Activities:
Libra Appraisals, LLC	Managing Member	December 2017 - present	I do everything myself to produce the appraisal.

EDUCATION/TRAINING BACKGROUND:

Institution attended:	Dates attended:	Type of degree/certification obtained:
UNLV	1988-1997	No degree. I took various econ/finance credits.
Appraisal Institute	1993-4	All appraisal ed was from AI.

AREAS OF EXPERTISE:

List major areas of specialization or subject expertise related to the real estate appraisal industry: (i.e. commercial appraisal, residential appraisal, complex property appraisal, casino appraisal, farm and ranch appraisal, golf course appraisal, etc.).
 I have extensive experience in virtually all residential markets in the Las Vegas valley including Boulder City and satellite communities
 I have appraised Nye County, Mount Charleston, Cold Creek, Logandale, Indian Springs, Beatty/Amargosa Valley, and other rural areas.
 I have appraised nearly all residential types including exclusive custom, high-rise luxury lower (including penthouses), oddball properties, etc.

Please list any foreign languages, or sign language, in which you have sufficient fluency:
 English only I can muster a little bit of very bad Spanish

COMMITTEES/BOARDS EXPERIENCE:

Please list any Grievance/Professional Standards boards or committees and/or any mediation experience you have:

Name of Board/Committee:	Your title on that Board/Committee:	Dates of Service on Board/Committee:
1. None.		
2.		
3.		
4.		

REVIEW APPRAISAL EXPERIENCE (within the last 3 years, list clients for whom you have performed reviews):

Name of Board/Committee:	Your title on that Board/Committee:	Dates of Service on Board/Committee:
1. Desk/field reviews only - no boards		
2.		
3.		
4.		

Please explain, in the space below, why you feel you would be a good candidate for membership on this committee:

I have over 20 years experience appraising a wide variety of residential throughout the Las Vegas valley. I have been successful and have met the demands of the industry without compromising or cutting corners. I am not a review appraiser by trade, and I do not have any experience sitting on a board or committee, but I have extensive experience in producing residential appraisals which comply with U.S.P.A.P. and produce credible results. I understand what working residential appraisers go through in the Las Vegas valley and what other appraisers in town hold to be the "industry standard" for valuation in local markets.

DISCIPLINARY ACTION:

I have you ever had any prior disciplinary action through any regulatory agency with which you are or were licensed?
 Yes No If yes, please complete the following: If more space is necessary, please attach on a separate sheet.

Name of Regulatory Agency:	Type of license held:	Date of Disciplinary action:	Type of Disciplinary action:
1.			
2.			
3.			

GEOGRAPHIC SERVICE AREA:

Please mark which geographical area of the state in which you will be able to participate on the committee:

- Carson/Douglas
- Central Nevada
- Fallon/Lyon
- Las Vegas Greater Area
- North Eastern Nevada
- Other:

REFERENCES:

Please list the name, address and telephone numbers of at least two (2) references who would know your capabilities and can attest to the information you have provided on this application: (Please do not use any current Commissioners as references)

Name:	Address:	Telephone:	Fax:	Years Acquainted:
1. Kent Vollmer	10120 W Flamingo Rd, Las Vegas, 89147	702-596-9306	/ Unknown	15
2. Kim Erickson	250 Pilot Rd Suite 140, Las Vegas, 89119	702-853-4575	/ Unknown	7

This application shall be presented to the Nevada Commission of Appraisers of Real Estate for review and approval, or disapproval, at the next regularly scheduled meeting. You will receive notification of the Commission's decision from the Legal Administrative Officer by mail.


By submitting this application I understand that serving as a member of this Advisory Review Committee, as established by NAC 645C.600, which was adopted by the Nevada Commission of Appraisers of Real Estate on September 25, 2000. I will agree to participate in an informal and confidential review of NRS/NAC 645C complaints, regarding actions of an appraisal licensee(s).

Further, I understand that I will serve without compensation, but I am entitled to travel expenses and subsistence allowances from the Nevada Real Estate Division, at the rate established in the Nevada State Administrative Manual.

I certify that the information provided in this application and any other information I am submitting with this application is true and correct to the best of my knowledge and that I may be removed from the approved list of Advisory Review Committee members for intentionally falsifying the information provided. I understand that all of the information provided is a public record. I agree to abide by the Policies and Procedures and the Rules of Conduct of this Committee.

If I am chosen to be a member of the Advisory Review Committee, I agree to perform the duties to the best of my ability in an ethical and proper manner and in accordance with the policies and procedures and rules of conduct.

Signed on this the 3/02 day of 2019



Signature of applicant

For Division Use Only:

Date application received: 3/4/19

Date scheduled for Commission review: May 21-23, 2019

Decision of Commission: APPROVED

DISAPPROVED

If disapproved, state reason for this decision:

Date letter sent to applicant with Commission decision: _____ Date ARC member handbook sent: _____