STATE OF NEVADA **DEPARTMENT OF BUSINESS AND INDUSTRY**

REAL ESTATE DIVISION 1818 E College Pkwy, Suite 110 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: Matthew Buxton	License #	_ Phone No. (702)485-4441
Address: 9205 W. Russell Road, Ste. 240, Las Vegas, NV 89148		_ Are you a U.S. (Citizen ves no
matt@swpconsultants.com E-mail address:		_ Number of years	s as a Nevada resident 22
Profession: Appraiser		Years in profession:	15
Number of years engaged as an appraise	within the State of Nevada	15	
List Professional certifications, Licenses	and Designations held and o	lates: (Please attach a	a copy of each)
Type of License/certification/designati	on: Name under wl	nich it was held:	Dates held:
1. Certified General Appraiser (A.0007839-CG)	Matthew Buxton		7/1/2010 - Present (expires 6/30/2020)
2. MAI, SRA Designations w/Appraisal Institute	Matthew Buxton		9/21/2012 - Present
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:
Southwest Property Consultants, Inc.	Principal/Owner	4/1/2013 - Present	General Appraiser for Commercial and Residential work.

EDUCATION/TRAINING BACKGROUND:

Institution attended:	Dates attended:	Type of degree/certification obtained:
Utah Valley State College	01/1995 - 08/1997	Bachelors Degree, Business Administration
University of Nevada Las Vegas (UNLV)	09/1998 - 05/2004	Master's Degree, Hotel Administration

AREAS OF EXPERTISE:

appraisal, complex property appraisal	ubject expertise related to the real estate appraisal, casino appraisal, farm and ranch appraisal, golf commercial property types. Specific assignments include si	course appraisal, etc.).
homes, equestrian facilities, office, retail, indu	strial, government buildings, vacant land, subdivisions, golf	courses, religious facilities and many others.
Please list any foreign languages, or s	ign language, in which you have sufficient fluenc	y:
COMMITTEES/BOARDS EXPER	IENCE:	
Please list any Grievance/Professiona	l Standards boards or committees and/or any med	iation experience you have:
Name of Board/Committee:	Your title on that Board/Committee:	Dates of Service on Board/Committee:
1.		
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. Clark County	Provided Review Services - Independent Contractor	04/2013 to Present
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 been a resident of the State of Nevada for o	ver 22 years and been employed as an appraiser for mo	re than 15 years. I started my career as a residential
appraiser, then received training and education as	a commercial appraiser. I currently hold an active Certif	ied General license and have never been subject
to disciplinary action or inquiry. My past experience	e includes being a staff appraiser for residential and con	imercial, local and national firms. Since 2013, I have
owned and operated my own appraisal firm South	vest Property Consultants, Inc. where I provide both resi	dential and commercial services to city and
county organizations, in addition to local and nation	nal lending institutions. I hold the MAI and SRA designa	ions as an active member of the Appraisal Institute.
DISCIPLINARY ACTION:		
· - · · · · · · · · · · · · · · · · · ·	ction through any regulatory agency with which	· ·
	s, please complete the following: If more space	is necessary, please attach on a separate
sheet.		d E CDI III d
Name of Regulatory Agency: Type	e of license held: Date of Disciplinar	y action: Type of Disciplinary action:
1.		
2.		
3.		

GEOGRAPHIC S	SERVICE	AREA:
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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
V	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: Ad	dress: T	`elephone:	Fax:	Years Acquainted:
1. Chris Lauger, MAI, AI-GRS	P.O. Box 370784, Las Vegas, NV 89137	702-275-8218	/ 866-645-8395	12 Years
2. Evan Ranes, MAI, ASA, R/W-AC	3960 Howard Hughes Pkwy, Las Vegas, N	702-241-4313	/ 702-731-5709	12 Years

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 9th day of December, 2019	
Matthe Fint	
Signature of applicant	
For Division Use Only:	
Date application received:	Date scheduled for Commission review:
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:

APPRAISER CERTIFICATE

STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY

NOT TRANSFERABLE

REAL ESTATE DIVISION

NOT TRANSFERABLE

This is to Certify That: MATTHEW D BUXTON

Certificate Number: A.0007839-CG

Is duly authorized to act as a CERTIFIED GENERAL APPRAISER from the issue date to the expiration date at the business address stated here in, unless the certificate is sooner revoked, cancelled, withdrawn, or invalidated.

Issue Date: June 19, 2018

Expire Date: June 30, 2020

In witness whereof, THE DEPARTMENT OF BUSINESS AND INDUSTRY, REAL ESTATE DIVISION, by virtue of the authority vested in Chapter 645C of the Nevada Revised Statues, has caused this Certificate to be issued with its Seal printed thereon. This certificate must be conspicuously displayed in place of business.

FOR: MATTHEW D BUXTON 669 TROWBRIDGE ST LAS VEGAS, NV 89178 REAL ESTATE DIVISION

SHARATH CHANDRA

Administrator