

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: Barbara Twarowska License # A. 0208277-CR Phone No. ( 702 ) 910-1234

Address: 3296 Shadow Bluff Ave, Las Vegas, NV 89120 Are you a U.S. Citizen  yes  no

E-mail address: appraiserbarbara@gmail.com Number of years as a Nevada resident 10

Profession: Certified Residential Appraiser Years in profession: 6

Number of years engaged as an appraiser within the State of Nevada 6

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 Appraiser A.0208277-CR	Barbara Twarowska	2/10/21-current
2. Real Estate Broker Salesperson BS.0145414	Barbara Twarowska	3/30/2018-current
3.		
4.		

**BUSINESS HISTORY:**

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

<b>Name of Business:</b>	<b>Title:</b>	<b>Dates of Employment:</b>	<b>Major Activities:</b>
Barbara Twarowska, sole prop.	Appraiser	3/21-current	certified residential appraiser
Hebert Appraisal	Appraiser	8/15-3/21	certified residential appraiser
Huber Appraisal	Appraiser	8/15-12/20	licensed residential appraiser
Platinum Real Estate Professionals	Broker salesperson	4/17-current	real estate agent

**EDUCATION/TRAINING BACKGROUND:**

<b>Institution attended:</b>	<b>Dates attended:</b>	<b>Type of degree/certification obtained:</b>
Depaul University	8/07-6/11	Bachelors of Science in Business Marketing
UNLV	8/20-7/21	Bachelors of Science in Business Marketing

**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.).

My experience includes appraising complex residential properties in the Las Vegas area. I also have extensive experience appraising high rise condominiums.

I have appraised complex properties throughout Las Vegas that range between 5,000 to 20,000 square feet with unique features and characteristics.

I currently serve on the VA panel as a fee appraiser.

Please list any foreign languages, or sign language, in which you have sufficient fluency:

polish

**COMMITTEES/BOARDS EXPERIENCE:**

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

<b>Name of Board/Committee:</b>	<b>Your title on that Board/Committee:</b>	<b>Dates of Service on Board/Committee:</b>
1. Las Vegas Realtor Trends Committee	member	2020 - current
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.		
2.		
3.		
4.		

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

I would make a good candidate for membership on this committee because I can provide good insight into complex appraisal assignments and into high rise appraisals besides standard tract home appraisals. I have 6 years experience in the field as an appraiser. In addition I have been a real estate agent for 10 years in Las Vegas. I know the Las Vegas real estate market well. I currently serve on the VA panel as a fee appraiser for the VA.

I am fair, objective, and a great listener. I can review appraisals objectively following the guidelines under which we are to perform.

**DISCIPLINARY ACTION:**

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)**

<b>Name:</b>	<b>Address:</b>	<b>Telephone:</b>	<b>Fax:</b>	<b>Years Acquainted:</b>
1. Stan Hebert	3666 Whitebird Way, LV, NV 89103	702-526-0096	/	6
2. Debbie Huber	6176 Banded Stones Ct, LV, NV 89135	702-335-1700	/	6

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 \_\_\_\_\_ day of 01/05/22

 Barbara Twarowska  
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: \_\_\_\_\_