Michigan Department Of Transportation 2255 (10/98)

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 (strack additional shorts if processory)					

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 EDUC	ATION (Attach additional	sheets if necessary)			

YEAR	SCHOOL OR COLLEGE	ADDRESS	GRADUATED	DEGREE

			GEN	ERAL ACQUIS	SITIO	N EXPERIENC	E RE	CORD (LAST	5 YE	ARS)		
	HOMES APARTMEN		PARTMENTS	STORES		OFFICE BUILDING		INDUSTRIAL		FARMS		
Year	#	Dollar Value	#	Dollar Value	#	Dollar Value	#	Dollar Value	#	Dollar Value	#	Dollar Value
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		HOMES	A	PARTMENTS		STORES	OFF	ICE BUILDING		NDUSTRIAL		FARMS
Year	#	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?

HOW LONG HAVE YOU BEEN PERFORMING ACQUISITION AND/OR RELOCATION WORK?

INDICATE THE APPROXIMATE PERCENTAGE OF WORK TIME DEVOTED TO ACQUISITION AND/OR RELOCATION WORK

IS THERE ANY TYPE OF ACQUISITION/RELOCATION ASSIGNMENT YOU WOULD NOT ACCEPT? PLEASE EXPLAIN

DO YOU CONSIDERYOURSELF A SPECIALIST IN THE ACQUISITION/RELOCATION IN ANY PARRTICULAR TYPE OF REAL PROPERTY? PLEASE EXPLAIN

WOULD YOU GENERALLY BE AVAILABLE TO ACCEPT MDOT ACQUISITION/RELOCATION ASSIGNMENTS?

ARE YOU AVAILABLE TO ACCEPT ASSIGNMENTS ON A STATE-WIDE BASIS? IF NOT, INDICATE GEOGRAPHICAL LIMITS IN WHICH YOU ARE WILLING TO ACCEPT ASSIGNMENTS

LIST ALL PARTNERSHIPS AND/OR CORPORATIONS TO WHICH THE APPLICANT HOLDS OVER A 10% INTEREST

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR SUBJECTED TO ANY DISCIPLINARY ACTION OF THE CORPORATION AND SECURITIES COMMISSION?

HAVE YOU EVER BEEN SUBJECTED TO ANY DISCIPLINARY ACTION OF ANY REAL ESTATE AND/OR PROFESSIONAL LICENSING BOARD OR ORGANIZATION?

PLEASE LIST PREVIOUS CLIENT REFERENCES (Attach additional sheets if necessary)					
FIRM & CONTACT PERSON	ADDRESS	TELEPHONE NO.			

THE FOREGOING STATEMENTS ARE TRUE AND CORRECT. I AUTHORZIED 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

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
CEN	NTRAL OFFICE APPROVAL	
APPROVED BY	TITLE	DATE