

Household Goods Moving and Storage Registration Form

Company Name:				
Contact In	nformation:			
N	ame:			
Address:				
Email:		Office Phone:		
Web Site:		Fax:		
red rax	(ID#:	Mobile:		
Appraiser Information:				
1. L	ist of State(s) Licenses / Certifications:			
2. L	ist of Professional Designations:			
3. L	ist of Industry Affiliations:			
4. V	What year did you start doing Relocation Appr	aisals?		
5. A	are you are member of Worldwide ERC?			
6. A	are you Worldwide ERC Appraisal Trained?			
7. D	Oo you follow the current Worldwide ERC App	raisal Report Guidelines?		

8.	Approximately how many relocation appraisals have you completed in the past twelve months?
9.	Have you worked for OneSource Relocation in the past?
10.	List of Relocation Companies or Corporations you routinely do business with:
11.	What is your current variance between "Anticipated Sale Price" and "Actual Net Sales Price"?
12.	What is your average time from property inspection to completed written report?
13.	What is your standard fee?
14.	List of primary service areas by City:
15.	List of secondary service areas by City:
Signed/N	Name: Date:

Fax or Email Completed Appraiser Registration Form to: Michael Luca

Fax: 470-443-1765
mluca@onesourcerelocation.com