

IOWA REAL ESTATE APPRAISER EXAMINING BOARD

200 E GRAND, SUITE 350, DES MOINES, IA 50309

515-725-9021

www.state.ia.us/iapp

REINSTATEMENT APPLICATION - Use if reinstating a lapsed registration

INSTRUCTIONS:

1. Complete all information requested.
2. Include payment for license and reinstatement fees.
3. Provide documentation of all required continuing education hours that would have been required if in an active status (14 hours per year of lapsed registration. Hours must include the most recent edition of a 7-hour national USPAP update course).

You may not use any education reported on this reinstatement form for your next renewal requirement.

PREVIOUS DESIGNATION:

Certified Residential *\$540 or \$345

Associate Residential *\$400 or \$275

Certified General *\$540 or \$345

Associate General *\$400 or \$275

(Amount due includes \$150 reinstatement fee)

***NOTE:** Applicants applying for reinstatement within 12 months from their next renewal date shall pay the lesser license fee. Applicants applying for reinstatement more than 12 months from their next renewal date shall pay the full fee (Persons whose last names begin with the letters A - K renew June 30th of even-numbered years; L - Z renew June 30th of odd-numbered years).

Name:	
Home Address:	Business Name and Address:
Birth Date mm/dd/yyyy:	
	Business Phone:
Phone:	Business Fax:
Iowa License Number:	

Since the date of your last registration/renewal have you:

*Yes No Have you ever been convicted of a felony or misdemeanor criminal offense? (other than scheduled traffic violations - a conviction of operating while intoxicated [OWI] is not a scheduled traffic violation and must be disclosed) A "conviction" includes a guilty plea, a deferred judgment prior to discharge, and a finding of guilt by a judge or jury. If yes, attach a complete and detailed explanation of each conviction including the date of conviction, the name and location of the court, the nature of each charge (for example: felony, aggravated misdemeanor, etc.), the sentence imposed, and whether you have satisfied all terms of the sentence. All convictions must be disclosed regardless of the date when entered or whether the criminal record has been expunged.

*Yes No Are there criminal charges now pending against you? (other than scheduled traffic violations) If yes, attach a complete and detailed explanation of each charge including the date of arrest or charge, the arresting agency, the nature of each charge, the type of each charge (for example: felony, aggravated misdemeanor, etc.) and the name and location of the court. You will need to supplement this answer to provide the disposition of each pending charge once known.

*Yes No Ever been declared by a court of competent jurisdiction to have committed fraud?

Yes No Ever been subject to disciplinary action by any state Board or similar licensing body, a governmental agency before which you practiced, or any professional organization of which you are a member?

***If you answered "Yes" to any of these questions please attach a complete explanation.**

**Attach copies of course completion certificates for all courses indicated below.
Use additional pages if necessary.**

Completion dates: Month/Day/Year	Organization presenting the program/course	Course title AND course number	Instructor's name (if known)	Credit hours
		MANDATORY –USPAP UPDATE		7

Applicant must sign and acknowledge the following affidavit. Seal of notary is required.

STATE OF _____)
COUNTY OF _____)

I HEREBY CERTIFY that I have not violated the provisions of the license laws of any state other than violations revealed in this application. I **FURTHER CERTIFY** that I have reviewed and am familiar with and will be bound by the Iowa license law and rules of the Board, and that I personally completed this application and that the answers appearing hereon are true and correct to the best of my knowledge and belief.

Applicant's Signature _____ Date: _____
(IN BLUE INK)

Signature of Notary Public _____
(IN BLUE INK)

Subscribed and sworn before me this _____ day of _____, _____.

My Commission Expires _____.

**** NOTICE ****

THIS PAGE WILL NOT BE ADDED TO FILE OR PART OF PUBLIC RECORD

CONFIDENTIAL INFORMATION

Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 252J.8(1) and 261.126(1), and Iowa Code § 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Social Security number _____ - _____ - _____

EMAIL: _____

METHOD OF PAYMENT

PAYMENT OPTION 1 -

Payment Enclosed, Check or Money Order made payable to "State of Iowa"

PAYMENT OPTION 2 -

Please bill my credit card \$ _____:

*** The charge will appear on your statement as Professional Licensing Bureau**

Discover Number _____ - _____ - _____ - _____

MasterCard Number _____ - _____ - _____ - _____

Visa Number _____ - _____ - _____ - _____

Expiration Month and Year: _____ / _____

X _____
Name of Cardholder (please print)

X _____
Signature