

**ASSOCIATE and SUPERVISOR REGISTRATION FORM**  
 Use this form to add an active, reinstating or reactivating Iowa associate.

**IOWA REAL ESTATE APPRAISER EXAMINING BOARD**  
 200 E GRAND, SUITE 350, DES MOINES, IA 50309

Name of Supervising Appraiser:	Iowa Certificate Number
Iowa Certification Date:	Other State(s) Certified:
Have you ever been subject to disciplinary action by any state board (or similar licensing body), or a governmental agency before which you practiced? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach supporting documents)	
CURRENT ASSOCIATES: <input type="checkbox"/> None <input type="checkbox"/> See below	
Associate's Name:	Associate Registration Number:
Associate's Name:	Associate Registration Number:

**Mandatory supervisor course—Attach course completion certificate.**

Completion Date:	Course Provider:	Course Title:	Course Number	Hours

**Mandatory associate course—Attach course completion certificate.**

Completion Date:	Course Provider:	Course Title:	Course Number	Hours

As the supervisor I acknowledge that I will be responsible for the training and direct supervision of the associate appraiser by accepting full responsibility for the appraisal report by signing and certifying that the report is in compliance with USPAP. I will keep copies of associate appraiser reports for a period of at least five years or at least two years after final disposition of any judicial proceeding in which testimony was given, whichever period expires last.

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that I am requesting the above signed certified appraiser to act as my supervisor. I also 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: \_\_\_\_\_

For questions: (515) 725-9022 or [realestateappraiserboard@iowa.gov](mailto:realestateappraiserboard@iowa.gov)  
 If the associate is currently ACTIVE, this form may be submitted via USPS, email (as a PDF), or fax (515)725-9032  
 If reinstating or reactivating, it must be submitted with the application via USPS.