



**APPLICATION FOR RENEWAL**

**ASSOCIATE RESIDENTIAL & ASSOCIATE GENERAL APPRAISERS**

**SECTION 1 – ADMINISTRATIVE INFORMATION**

<b>Name</b> (Last, First, Middle):  	<b>Associate Number:</b>  <hr/> <b>Credential Type:</b> <input type="checkbox"/> Associate Residential <input type="checkbox"/> Associate General
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**Name(s) of Current Supervisory Appraiser(s):**

Supervisor's Name	Supervisor's Certificate Number
Supervisor's Name	Supervisor's Certificate Number
Supervisor's Name	Supervisor's Certificate Number

<b>Business Information:</b>  Business Address: _____ _____ Zip _____ Telephone Number: (_____) _____ - _____	<b>Home Address:</b>  Street Address: _____ _____ Zip: _____ Telephone Number: (_____) _____ - _____
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**Criminal and Disciplinary Information – If you answer “Yes” to any of these questions, attach a complete explanation.** All convictions during this renewal cycle must be disclosed regardless of the date when entered or whether you believe the criminal record has been expunged. If you answered 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.), include the date of arrest or charge, the arresting agency, the sentence imposed, and whether you have satisfied all terms of the sentence.

Yes  No Since your last renewal have you been convicted of a felony or misdemeanor criminal offense in any state, federal, or foreign jurisdiction? (This excludes scheduled traffic violations. A conviction of operating while intoxicated [OWI] is not a minor traffic violation. It 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.

Yes  No Are there criminal charges now pending against you (other than traffic violations)? You will need to supplement this answer to provide the disposition of each pending charge once known.

Yes  No Since your last renewal or registration, have you been declared by a court of competent jurisdiction to have committed fraud?

Yes  No Do you have pending disciplinary action or have you 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?

Yes  No Do you have pending disciplinary action or have you been subject since last renewal 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?

**SECTION 2 – CONTINUING EDUCATION REPORT**

List below all classes you **completed between July 1, 2014 and June 30, 2016**. A minimum of 28 hours of continuing education is required to renew your credential to an “Active” status.

Certified and associate real property appraisers must demonstrate compliance with 193F – Chapter 11, continuing education as a condition of biennial renewal. Complete rules can be found at [www.plb.iowa.gov](http://www.plb.iowa.gov).

- For those having a new registration or certificate issued for 185 days to 1 year prior to the expiration date, 14 credit hours of continuing education are required (must include 7 hour USPAP update). No continuing education is required for persons having a credential less than 185 days from expiration date.
- **Distance education** is defined as any educational process based on the geographical separation of instructor and learner.
- All classes must be completed between **7/1/14 and 6/30/16** (or the date of renewal, whichever is sooner).
- A minimum of 28 hours of continuing education is required to maintain an “Active” status.

**ATTACH COPIES OF COURSE COMPLETION CERTIFICATES FOR EACH COURSE LISTED.**

Course Title	Course Number	Date Completed	Credit Hours	Method Taken	
				Distance	Classroom
7-hour USPAP Update				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I am exempt from the 28 hour requirement because my expiration date is: <input type="checkbox"/> Less than 185 days <input type="checkbox"/> Between 185 days and 1 year					
		<b>TOTAL HOURS THIS RENEWAL (Including USPAP)</b>			

**By submitting this completed application, I attest to the following:**

All statements are true to the best of my knowledge and belief. All education reported has been completed prior to the date of this application. Information provided on this application may be disclosed pursuant to Chapter 543D Code of Iowa, Iowa Administrative Rules 193 and 193F.

X \_\_\_\_\_

**Signature**

**Date**

**SECTION 3 – IDENTIFICATION AND PAYMENT INFORMATION**

**\*\*\* PLEASE DO NOT PRINT ON BOTH SIDES OF THIS PAGE \*\*\***  
**\*THIS PAGE IS NOT PART OF PUBLIC RECORD\***

**Applications postmarked on or before  
June 30, 2016:**

- Active \$250  
 Inactive \$50

**Applications postmarked July 1 through  
July 30, 2016:**

- Active \$312.50  
 Inactive \$62.50

**DO NOT USE THIS FORM AFTER  
JULY 30, 2016.**

Go to [www.plb.iowa.gov](http://www.plb.iowa.gov) and select  
“applications” and then “reinstatement”  
- or -  
Contact 515.725.9022 for Information on  
Reinstatement Policies & Procedures.

**PAYMENT OPTION 1 -**

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

**PAYMENT OPTION 2 -**

Please bill my credit card \$ \_\_\_\_\_:

Discover Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MasterCard Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Visa Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Month and Year: \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Personal E-mail Address:** \_\_\_\_\_

**Business E-mail Address:** \_\_\_\_\_

**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 §§ 261.126(1), 252D.8(1), 272J.8(1) and 193 IAC 4.4. 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 bylaw including Iowa Code § 421.18. The Social Security Number will also be shared on a confidential basis with the Appraisal Subcommittee's National Registry.

**Complete applications should be submitted via postal mail to the Board address.**

**Iowa Real Estate Appraiser Examining Board**  
200 E Grand, Suite 350, Des Moines, Iowa 50309

**SAVE TIME BY RENEWING ONLINE!**

[www.plb.iowa.gov](http://www.plb.iowa.gov)