

Iowa Real Estate Appraiser Examining Board

200 E Grand, Suite 350, Des Moines, Iowa 50309 515-725-9022

APPLICATION FOR RENEWAL CERTIFIED RESIDENTIAL & CERTIFIED GENERAL APPRAISERS

Complete the entire application or it will be sent back as incomplete.

SECTION 1 – ADMINISTRATIVE INFORMATION					
Name (Last, First, Middle):		Certificate Number:			
Credential Type:	This is my:	Other states where you hold a current credential:			
☐ Certified Residential	☐ Original License	STATEActiveInactive			
☐ Certified General	☐ Reciprocal License				
		Active			
Business Information:		Home Address:			
Business Name:		Street Address:			
Business Address:		Zip:			
7in:		Telephone Number: (
Telephone Number: (_)	relephone Number. (
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					
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 and Administrative Rules 193 and 193F.					
X					
Signature		Date .			

SECTION 2 – CONTINUING EDUCATION REPORT

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.

- 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.

				Method Taken	
MANDATORY:	Course Number	Date Completed	Credit Hours	Distance	In Class
7-hour USPAP Update					
					<u> </u>

Minimum of 21 hours of continuing education plus USPAP. Indicate course information below:

				Method Taken:	
Course Title Co	urse Number	Date Completed	Credit Hours	Distance	Classroom
☐ I am exempt from the 28 hour requirement because my expiration date is: ☐ Less than 185 days ☐ Between 185 days and 1 year		TOTAL HOURS THIS RENEWAL (Including USPAP)			

*** PLEASE DO NOT PRINT ON BOTH SIDES OF THIS PAGE *** *THIS PAGE WILL NOT BE ADDED TO FILE OR PART OF PUBLIC RECORD*

SECTION 3 – IDENTIFICATION AND PAYMENT INFORMATION		
Applications <u>postmarked</u> on or before June 30, 2016:	PAYMENT OPTION 1 - Payment Enclosed, Check or Money Order made payable to	
☐ Active \$390 ☐ Inactive \$130	"State of lowa" PAYMENT OPTION 2 -	
Applications <u>postmarked</u> July 1 through July 30, 2016:	□Please bill my credit card \$:	
☐ Active \$480 ☐ Inactive \$155	☐ Discover Number	
<u>DO NOT</u> USE THIS FORM AFTER JULY 30, 2016.	☐ MasterCard Number	
Go to <u>www.plb.iowa.gov</u> and select "applications" and then "reinstatement" - or -	☐ Visa Number	
Contact 515.725.9022 for Information on Reinstatement Policies & Procedures.	Expiration Month and Year:/	
	Cardholder's Name:	
	Cardholder's Signature:	
Social Security Number:		
Date of Birth (MM/DD/YY)://		
Business E-mail address:		
Personal 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) and 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 and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.		

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

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SAVE TIME BY RENEWING ONLINE!

www.plb.iowa.gov