

**IOWA DIVISION OF BANKING-PROFESSIONAL LICENSING
REAL ESTATE APPRAISER BOARD**

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WEBSITE: [HTTPS://WWW.IDOB.STATE.IA.US/REAP/](https://www.idob.state.ia.us/reap/)

RENEWAL APPLICATION
SAVE TIME - RENEW ONLINE AT: WWW.LICENSEDINIOWA.GOV!

Information provided on this application may be disclosed pursuant to Chapter 543D Code of Iowa and Administrative Rules 193F.

A: APPLICATION INFORMATION			
<input type="checkbox"/> GENERAL APPRAISER		<input type="checkbox"/> RESIDENTIAL APPRAISER	
		<input type="checkbox"/> ACTIVE RENEWAL <input type="checkbox"/> INACTIVE RENEWAL	
B: LICENSEE INFORMATION			
NAME (First/Middle/Last)			CERTIFICATE NUMBER
PERSONAL INFORMATION		BUSINESS INFORMATION	
		BUSINESS NAME	
HOME ADDRESS		BUSINESS ADDRESS	
CITY		CITY	
STATE	ZIP CODE	STATE	ZIP CODE
PHONE NUMBER		PHONE NUMBER	
OTHER STATES WHERE YOU HOLD A CREDENTIAL (SPECIFY THE STATE AND STATUS OF LICENSE (ACTIVE/INACTIVE))			
C: ATTESTATION			
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. A "conviction" includes a guilty plea, a deferred judgment prior to discharge, and a finding of guilt by a judge or jury. Include 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 all terms of the sentence have been satisfied.			
<input type="checkbox"/> YES <input type="checkbox"/> 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.			
<input type="checkbox"/> YES <input type="checkbox"/> NO Do you have 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.			
<input type="checkbox"/> YES <input type="checkbox"/> NO Since your last renewal or registration, have you been declared by a court of competent jurisdiction to have committed fraud?			
<input type="checkbox"/> YES <input type="checkbox"/> NO Since your last renewal, do you have any 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?			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you 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?			
D: SUPERVISOR INFORMATION (REQUIRED - ASSOCIATE APPRAISERS ONLY)			
Provide the below for your current supervisor(s).			
SUPERVISOR NAME	CERTIFICATION NUMBER	SUPERVISOR NAME	CERTIFICATION NUMBER
SUPERVISOR NAME	CERTIFICATION NUMBER	SUPERVISOR NAME	CERTIFICATION NUMBER

E: CONTINUING EDUCATION

Required for active status. Attach copies of course completion certificates for each course listed. Refer to Administrative Rules 193F-Chapter 11 for continuing education requirements. All courses claimed must have been completed between 7/1/15 and 6/30/17 (or the date of renewal, whichever is sooner). Unless indicated below, 28 hours of continuing education is required. Courses may be all distance, classroom or a combination of each.

- I am renewing as inactive; therefore, I am exempt from reporting continuing education.
 June 30, 2017 is **less than** 185 days from my license effective date; therefore, I am exempt from reporting continuing education.
 June 30, 2017 is **between** 185 days and 1 year from my license effective date; therefore, I only need 14 hours with 7 of these being USPAP.

Course Title	Course Number	Date Completed	Credit Hours	<input type="checkbox"/> Online/Distance <input type="checkbox"/> Classroom
Course Title	Course Number	Date Completed	Credit Hours	<input type="checkbox"/> Online/Distance <input type="checkbox"/> Classroom
Course Title	Course Number	Date Completed	Credit Hours	<input type="checkbox"/> Online/Distance <input type="checkbox"/> Classroom
Course Title	Course Number	Date Completed	Credit Hours	<input type="checkbox"/> Online/Distance <input type="checkbox"/> Classroom
Course Title	Course Number	Date Completed	Credit Hours	<input type="checkbox"/> Online/Distance <input type="checkbox"/> Classroom
Course Title	Course Number	Date Completed	Credit Hours	<input type="checkbox"/> Online/Distance <input type="checkbox"/> Classroom
Course Title	Course Number	Date Completed	Credit Hours	<input type="checkbox"/> Online/Distance <input type="checkbox"/> Classroom
Course Title	Course Number	Date Completed	Credit Hours	<input type="checkbox"/> Online/Distance <input type="checkbox"/> Classroom
Course Title	Course Number	Date Completed	Credit Hours	<input type="checkbox"/> Online/Distance <input type="checkbox"/> Classroom
Course Title	Course Number	Date Completed	Credit Hours	<input type="checkbox"/> Online/Distance <input type="checkbox"/> Classroom
Course Title	Course Number	Date Completed	Credit Hours	<input type="checkbox"/> Online/Distance <input type="checkbox"/> Classroom
Course Title	Course Number	Date Completed	Credit Hours	<input type="checkbox"/> Online/Distance <input type="checkbox"/> Classroom
Course Title	Course Number	Date Completed	Credit Hours	<input type="checkbox"/> Online/Distance <input type="checkbox"/> Classroom
				TOTAL HOURS CLAIMED

F: AFFIDAVIT

I HEREBY CERTIFY that 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.

APPLICANT'S SIGNATURE _____

DATE: _____

**** NOTICE ****

*** PLEASE DO NOT PRINT ON BOTH SIDES OF THIS PAGE ***

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	DATE OF BIRTH
EMAIL ADDRESS	

METHOD OF PAYMENT

PAYMENT OPTION

PAYMENT ENCLOSED (Check Or Money Order Made Payable To "State Of Iowa")

PLEASE BILL MY CREDIT CARD:

CREDIT CARD NUMBER _____ - _____ - _____ - _____
Credit Card Must Be Discover, Master Card, Or Visa Only

EXPIRATION MONTH AND YEAR: _____ / _____

PAYMENT AMOUNT/REASON

FEES PAID AND AUTHORIZED

CERTIFIED APPRAISERS

\$390 I am renewing to active status and my application is postmarked on or before June 30, 2017.

\$480 I am renewing to active status and my application is postmarked July 1 through July 30, 2017.

\$130 I am renewing to inactive status and my application is postmarked on or before June 30, 2017.

\$155 I am renewing to inactive status and my application is postmarked July 1 through July 30, 2017.

ASSOCIATE APPRAISERS

\$250.00 I am renewing to active status and my application is postmarked on or before June 30, 2017.

\$312.50 I am renewing to active status and my application is postmarked July 1 through July 30, 2017.

\$50.00 I am renewing to inactive status and my application is postmarked on or before June 30, 2017.

\$62.50 I am renewing to inactive status and my application is postmarked July 1 through July 30, 2017.

PAYMENT AUTHORIZATION

NAME AS IT APPEARS ON THE CARD: _____

SIGNATURE OF CARDHOLDER: _____ DATE _____

COMPLETED FORMS MAY BE SENT VIA ANY OF THE BELOW

MAIL	FAX	EMAIL
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