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**REINSTATEMENT APPLICATION**  
**Use if your certified credential is lapsed**

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**IOWA REAL ESTATE APPRAISER EXAMINING BOARD**  
200 E GRAND, SUITE 350, DES MOINES, IA 50309  
QUESTIONS: 515-725-9022 or [realestateappraiserboard@iowa.gov](mailto:realestateappraiserboard@iowa.gov)

**INSTRUCTIONS:** 1) Complete all information. 2) Include payment. 3) Provide course certificates for all continuing education. Contact the Board office with any questions on the number of hours required for reinstatement.

**PREVIOUS DESIGNATION:**

Certified Residential \*\$540 or \$345

Certified General \*\$540 or \$345

The above amount includes the \$150 reinstatement fee. **\*Note:** Last names that begin with letters **A** through **K** renew in even-numbered years. Last names that begin with letters **L** through **Z** renew in odd-numbered years. If your June 30<sup>th</sup> renewal date is less than 12 months away, you will pay the lesser fee.

**GENERAL INFORMATION:**

Name:	Iowa Certificate Number:
Home Address:	Business Name and Address:
Phone:	Business Phone:

**\*If you answer "Yes" to any of these questions, attach a complete explanation.**

1. Since your last Iowa renewal have you been convicted of a felony in any state, federal, or foreign jurisdiction?  yes  no
2. Since your last Iowa renewal have you been convicted of any other criminal offense in any state, federal, or foreign jurisdiction, other than a traffic offense or simple misdemeanor?  yes  no
3. Since your last Iowa renewal have you had an initial or renewal application for a professional license of any type denied or refused?  yes  no
4. Since your last Iowa renewal have you had a professional license or authority to practice of any kind revoked, suspended, cancelled, or otherwise disciplined by a licensing board or agency of any state, or a federal agency?  yes  no
5. Since your last Iowa renewal have you surrendered a professional license of any type to resolve a disciplinary investigation or proceeding in any jurisdiction?  yes  no

**Applicant must sign and acknowledge the following: 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 on this application are true and correct to the best of my knowledge and belief.

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

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Use additional pages if necessary. If your records mirror this format, you may alternately attach that. It must include all the information. You must attach course completion certificates. You must provide 14 hours of education for every year since your last renewal. Contact the Board office with any questions on the number of hours required. Timing of the course and this application will determine whether any course may be used at your next renewal. Inquire after reinstatement with the Board office.

Completion dates: Month/Day/Year	Course Provider	Course Title	Course #	Credit hours
/ /		USPAP UPDATE	A____ - ____	<b>7</b>
/ /			A____ - ____	
/ /			A____ - ____	
/ /			A____ - ____	
/ /			A____ - ____	
/ /			A____ - ____	
/ /			A____ - ____	
/ /			A____ - ____	

**Written statement of all professional activities:** Describe all appraisal services performed while lapsed (with or without the use of the titles described in Iowa Code section 543D.15) for all appraisal assignments that are required by federal or state law, rule, or policy to be performed by a certified real estate appraiser. Attach additional explanation if needed:

- I provided no services as described above during my lapsed status. OR
- I provided the following appraisal services in Iowa while my certificate was lapsed:

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**\*\*\*\* 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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date mm/dd/yyyy: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EMAIL: \_\_\_\_\_

**METHOD OF PAYMENT**

**Choose Payment Option 1 or 2:**

**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