CERTIFIED RESIDENTIAL EXAMINATION and EXPERIENCE APPLICATION

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

This page is for your reference to ensure you provide a complete application.
Do NOT submit this page with the application.

☐ I have completed the entire application.

☐ I have included the $100 exam application processing fee.

☐ I have attached (or previously sent) an original college transcript showing a minimum of a Bachelor's degree.

☐ I have attached all qualifying education course certificates.

☐ I have been an active registered associate residential appraiser for a minimum of 24 months.

☐ I have attached my COMPLETE *and* COMPLIANT work product log showing ALL experience from the date I became an associate to the date this exam application is submitted. It MUST have a minimum of 2500 hours. 1500 hours **must** be in residential appraisal experience.

If the log is not AQB Guide Note 6 and Administrative Rules compliant, the application will be denied.

Applicants seeking certification must go through the work product review process. The Board Administrator will select 3 reports. You will be notified via email as to which reports to submit.

Reports are sent for Standard 3 review and a committee of the Board will evaluate your work product for compliance with applicable appraisal standards and present their findings to the Board for final determination of your application for certification.

Normal processing times are usually 75-90 days, but may vary depending on individual circumstances. Once you receive board approval, you must become certified within 60 days or you will need to resubmit work product review.

Exam approval (or denial) and w**ork product** information are sent to the
Email address supplied on the payment page. Do not ask for approval in another manner.

CERTIFIED RESIDENTIAL EXAMINATION and EXPERIENCE APPLICATION

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

You will receive notification via an email PDF attachment.

GENERAL INFORMATION:

Name:	
Home Address:	Phone:
	Associate Appraiser Number:

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

1. Have you been convicted of a felony in any state, federal, or foreign jurisdiction? ☐ yes ☐ no

2. 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. Have you had an initial or renewal application for a professional license of any type denied or refused? ☐ yes ☐ no

4. 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. Have you surrendered a professional license of any type to resolve a disciplinary investigation or proceeding in any jurisdiction? ☐ yes ☐ no

CERTIFIED RESIDENTIAL EXAMINATION and EXPERIENCE APPLICATION

Qualifying Education -- **Complete the information & attach completion certificates.**

Completion Date	Course Provider	Course Name	Credit Hours	Course Number
		Basic Appraisal Principles	30	
		Basic Appraisal Procedures	30	
		15 Hour USPAP	15	
		Statistics, Modeling & Finance	15	
		Residential Market Analysis and Highest & Best Use	15	
		Advanced Residential Applications & Case Studies	15	
		Residential Appraiser Site Valuation & Cost Approach	15	
		Residential Sales Comparison & Income Approaches	30	
		Residential Report Writing & Case Studies	15	
		Elective:		
		Elective:		

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 are true and correct to the best of my knowledge and belief.

Applicant's Signature _____ Date: _____

CERTIFIED RESIDENTIAL EXAMINATION and EXPERIENCE APPLICATION

**** 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

PAYMENT OPTION 1 -

☐ Payment Enclosed, Check or Money Order made payable to "State of Iowa"

PAYMENT OPTION 2 -

☐ Please bill my credit card $ $100.00 :

*** The charge will appear on your statement as Professional Licensing Bureau**

Discover Number _____ - _____ - _____ - _____

MasterCard Number _____ - _____ - _____ - _____

Visa Number _____ - _____ - _____ - _____

Expiration Month and Year: _____ / _____

X _____ X _____

Name of Cardholder (please print) Signature

11/20/14