

REACTIVATION APPLICATION
Use if changing status from inactive to active

IOWA REAL ESTATE APPRAISER EXAMINING BOARD
 200 E GRAND, SUITE 350, DES MOINES, IA 50309
 QUESTIONS: 515-725-9022 or 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 reactivation. 4) Associate Appraisers must complete the "Adding an Associate" form and comply with continuing education requirements found in 193F-9.4(6).

DESIGNATION:

- | | |
|--|--|
| <input type="checkbox"/> Certified Residential *\$310 or \$245 | <input type="checkbox"/> Certified General *\$310 or \$245 |
| <input type="checkbox"/> Associate Residential *\$250 or \$175 | <input type="checkbox"/> Associate General *\$250 or \$175 |

*Amount due includes \$50 reactivation fee. 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 30th 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

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Use additional pages if necessary. You may attach your own records if it mirrors this format and includes all the information. You must attach course completion certificates. 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 at the Board office.

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

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

Applicant's Signature _____

Date: _____

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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 _____ X _____
Name of Cardholder (please print) Signature