

**APPLICATION FOR CERTIFICATION**

**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 or it will be returned. 2) Attach your original exam pass notice. 3) Attach your original associate certificate and license.**

**DESIGNATION (select one):**     Certified Residential \$390\*                       Certified General \$390\*

**\*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 first certification June 30<sup>th</sup> renewal date is less than 12 months away, you will pay \$195 (half the required fee).

Date Board approved work product review: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Name:	Current Associate Registration Number:
Home Address:	Business Name and Address:
	Business Phone:
Phone:	Business Fax:

**BACKGROUND INFORMATION:** Attach a complete explanation of any "Yes" questions.

- a. Have you ever been convicted of a felony in any state, federal, or foreign jurisdiction?     yes     no
- b. Have you ever been convicted of any other criminal offense in any state, federal, or foreign jurisdiction, other than a traffic offense or simple misdemeanor?     yes     no
- c. Have you ever had an initial or renewal application for a professional license of any type denied or refused?     yes     no
- d. 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
- e. Have you surrendered a professional license of any type to resolve a disciplinary investigation or proceeding in any jurisdiction?     yes     no

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. All convictions must be disclosed regardless of the date when entered or whether the criminal record has been expunged.

**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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**\*\*\*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, report to the National Registry and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Email: \_\_\_\_\_

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

**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

Updated 12/10/14