

**ASSOCIATE REGISTRATION APPLICATION**

**Use to register as an associate appraiser**

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)

**DESIGNATION** (select):     Associate Residential \$250\*                       Associate General \$250\*

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

**GENERAL INFORMATION:**

Name:	
Home Address:	Business Name and Address:
Phone:	Business Phone:

**\*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

**Attach completion certificates. Courses can be no older than 5 years. They do not count toward renewal.**

Completion Date	Course Provider	Course Title	Course #
/ /		Basic Appraisal Procedures	A_____ - _____
/ /		Basic Appraisal Principles	A_____ - _____
/ /		15-Hour National USPAP	A_____ - _____
/ /		Associate/Trainee Course	A_____ - _____

**The supervisor is responsible to complete all but the last section of this page.  
If more than one supervisor, a copy for each supervisor must be attached.**

Name of Supervising Appraiser:	Iowa Certificate Number
Iowa Certification Date:	Other State(s) Certified:
Have you ever been subject to disciplinary action by any state board (or similar licensing body) or a governmental agency before which you practiced? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach supporting documents)	
CURRENT ASSOCIATES: <input type="checkbox"/> None <input type="checkbox"/> See below	
Associate's Name:	Associate Registration Number:
Associate's Name:	Associate Registration Number:

**Mandatory supervisor course—Attach course completion certificate.**

Completion Date:	Course Provider:	Course Title:	Course Number	Hours
			A_____ - _____	

As the supervisor I acknowledge that I will be responsible for the training and direct supervision of the associate appraiser by accepting full responsibility for the appraisal report by signing and certifying that the report is in compliance with USPAP. I will keep copies of associate appraiser reports for a period of at least five years or at least two years after final disposition of any judicial proceeding in which testimony was given, whichever period expires last.

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that I am requesting the above signed certified appraiser to act as my supervisor. I also certify that I have not violated the provisions of the license laws of any state other than violations revealed in this application. I FURTHER attest 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: \_\_\_\_\_

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

Email: \_\_\_\_\_

**METHOD OF PAYMENT**

**Select 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