
TEMPORARY PRACTICE APPLICATION

IOWA REAL ESTATE APPRAISER EXAMINING BOARD
200 E GRAND, SUITE 350, DES MOINES, IA 50309
(515) 725-9022 realestateappraiserboard@iowa.gov Fax: (515) 725-9032

INSTRUCTIONS: Complete the entire application or it will be denied.

1. One assignment per application with a maximum of two temporary permits per calendar year.
2. This authorization for temporary practice expires six months from the start date.
3. You will receive an approval or denial letter at the email addresses provided. Use the temporary application reference number for any correspondence with the Board.

Permits are not issued with a retroactive date. Allow a minimum of 5 business days from receipt in the Board's office for processing. Start date REQUIRED. _____ / _____ /20____

APPRAISERS GENERAL INFORMATION:

Name:	Business Name and Address:
Home Address:	
Daytime Phone:	State Certification Number:

LOCATION OF PROPERTY (May substitute legal description for physical address)

ADDRESS, CITY, ZIP CODE	TYPE OF PROPERTY

CLIENT INFORMATION:

Business Name:
Address:
City, State, Zip:
Phone:

An out-of-state certified appraiser must comply with Iowa's real estate appraisal statutes and regulations. Each appraiser who receives a temporary practice registration is subject to Iowa's full regulatory jurisdiction and is governed by Iowa's statutes and regulations respecting appraiser certification or licensing. Any reports of unethical, incompetent or fraudulent practice will be investigated by the Iowa Real Estate Appraiser Examining Board. Any disciplinary action taken as a result will be forwarded to your home state agency.

I have read and understand the temporary practice permit Administrative Rules in 193F-Chapter 10.

(Signature of appraiser)

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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 §§ 272J.8(1) and 261.126(1) (2007), and Iowa Code § 272D.8(1) (Supp. 2008). 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 (2007).

Social Security Number _____ - _____ - _____ Birth Date mm/dd/yyyy: _____ / _____ / _____

Email: _____

METHOD OF PAYMENT

Select Option 1 or Option 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 PRO LIC (Professional Licensing Bureau)

Discover Number _____ - _____ - _____ - _____

MasterCard Number _____ - _____ - _____ - _____

Visa Number _____ - _____ - _____ - _____

Expiration Month and Year: _____ / _____

X _____
Name of Cardholder (please print)

X _____
Signature

Updated 11/20/14