

**NONRESIDENT TEMPORARY PRACTICE APPLICATION**

**INSTRUCTIONS:**

1. Only two non-resident temporary permits may be issued per calendar year.
2. Complete the information requested, sign and date the application.
3. Include the \$150 processing fee.
4. Allow 5 days from receipt in the Boards office for processing. Permits may not be issued retroactively.
5. If your application is approved, you will be notified in writing. **NO TELEPHONE APPROVALS.**
6. This authorization for temporary practice expires six months from the estimated start date.
7. You will receive an approval or denial letter with a reference number by email. Use the reference number for any correspondence with the Board on this temporary application.

**APPRAISERS GENERAL INFORMATION:**

Name:	Resident State License Number:
Home Address:	Business Name and Address:
Birth Date mm/dd/yyyy:	
	Business Phone:
Phone:	Business Fax:

**\*\* Estimated start date (can not be retroactive):** \_\_\_\_\_

**LOCATION OF PROPERTY (Indicate address, city and zip code or legal description)**

ADDRESS, CITY, ZIP CODE	TYPE OF PROPERTY

**CLIENT INFORMATION:**

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

An out-of-state certified or licensed appraiser must comply with Iowa's real estate appraisal statutes and regulations. Each appraiser who receives 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, and any disciplinary action taken as a result will be forwarded to your home state agency.

I have read and understand the Board's Administrative rules as stated in 193F, Chapter 10 as it pertains to Nonresident temporary practice. \_\_\_\_\_

(Signature of appraiser)

\*\*\*\* **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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**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 \$ \_\_\_\_\_:

\* The charge will appear on your statement as PRO LIC 515-281-7377 (Professional Licensing Bureau)

Discover Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MasterCard Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Visa Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Month and Year: \_\_\_\_\_ / \_\_\_\_\_

X \_\_\_\_\_  
Name of Cardholder (please print)

X \_\_\_\_\_  
Signature