

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
APPRAISAL

320 WEST WASHINGTON STREET, 3rd FLOOR
SPRINGFIELD, ILLINOIS 62786
217/782-3414

**556 – CERTIFIED RESIDENTIAL / 553 – CERTIFIED GENERAL
REAL ESTATE APPRAISER LICENSE REINSTATEMENT**

READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

Your reinstatement application is to be completed and submitted with the appropriate fee to the above address.

License fee on or before:	9/30/2011	\$500
License fee on or after:	10/01/2011	\$550

1. Payment must be in the form of a check or money order and made payable to the Illinois Department of Financial and Professional Regulation. **FEES ARE NON-REFUNDABLE.**
2. All personal history questions **MUST** be answered on the reinstatement application. Do not attest to any false statements on your certification. Signing the certification to any false statements is cause for license revocation.
3. Your reinstatement application must be signed and must include a daytime telephone number. **APPLICATIONS NOT SIGNED AND/OR INCOMPLETE WILL BE RETURNED.**
4. Please make any name and/or address changes for your license on the second page of this reinstatement form. **CHANGE OF NAME MUST BE ACCOMPANIED BY DOCUMENTARY PROOF** (i.e., certified or photocopy of a marriage certificate, divorce decree, or court order). **A COPY OF YOUR SOCIAL SECURITY CARD OR DRIVERS LICENSE IS NOT ACCEPTABLE.** We will accept a P.O. Box for your mailing address. **However, NO license will be issued unless you submit a street address with this reinstatement.**
5. Licensees are required to complete 28 hours of continuing education (CE), of which 7 hours must be the national USPAP update course. If this is the licensee's first reinstatement and the initial license was issued between October 1, 2009 and March 29, 2011, 14 hours of CE is required, of which 7 hours must be the national USPAP update course. If the license was issued on or after March 30, 2011, then no CE is required for this reinstatement. Pre-license courses do not automatically count towards your CE requirement. Credit will be received if the school has had those pre-license courses approved by our office for CE. Contact your school for this information. **Do not submit CE documentation with the reinstatement application. Retain all of your original CE certificates of completion. IDFPD will conduct a 100% audit to verify that you have completed the required CE.**
6. Disclosure of applicant's Social Security Number is mandatory pursuant to 42 U.S.C. 666(a)(13) and 5 ILCS 100/10-65(c) for use under the State's child support enforcement program.

If your license is non-renewed as of midnight, September 30, 2011, you are not to represent yourself as a licensed appraiser. To do so is a violation of the Real Estate Appraiser Licensing Act of 2002 and a criminal offense.

2011

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LICENSE NUMBER: _____

License fee on or before 9/30/11 \$500
License fee on or after 10/01/11 \$550

CHECK HERE IF CHANGE OF ADDRESS

NAME: _____

ADDRESS: _____

ADDRESS LINE 2: _____

CITY, STATE: _____

ZIP: _____

ALL QUESTIONS MUST BE ANSWERED – Incomplete applications will be returned.

YES NO

Are you more than 30 days in arrears on court ordered Child Support Payments?

CONTINUING EDUCATION REQUIREMENTS- (CHECK ONE ONLY).

I HAVE FULLY COMPLIED with the CE requirements for the 2011 reinstatement period. (CE MUST be completed prior to submission of this reinstatement application.) DO NOT SUBMIT CE DOCUMENTATION WITH THIS APPLICATION.

I understand that if I provide false/fraudulent information, I could lose my license, be fined or have other penalties assessed. Therefore, I declare that I have examined this form, and to the best of my knowledge, all statements are true, correct, and accurate. In addition, my signature authorizes the Illinois Department of Financial and Professional Regulation to conduct criminal background investigations. If licensed in Illinois by reciprocity, I certify that my license is active and in good standing in the Reciprocal State in which I am a resident.

Printed Name: _____ E-mail Address: _____

Your Signature: _____

Social Security Number: _____

Sex M or F

Telephone Number: _____