



CERTIFICATION FOR NONRESIDENT CONSENT

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL
REGULATION

Division of Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, IL 62786
217/785-9300

NONRESIDENT CONSENT

In accordance with the Illinois Real Estate Appraiser Licensing Act of 2002, this consent form must be completed by all applicants applying for Illinois appraiser licensure, if the applicant is not a resident of Illinois.

1. NAME: LAST FIRST MIDDLE	2. DATE OF BIRTH ____/____/____ Month Day Year	3. SOCIAL SECURITY NUMBER ____-____-____
4. ADDRESS: STREET, CITY, STATE, ZIP CODE (P.O. Boxes are not acceptable)	5. CHECK THE BOX THAT INDICATES YOUR IL APPLICATION RANK: <input type="checkbox"/> ASSOCIATE REAL ESTATE APPRAISER (557) <input type="checkbox"/> CERTIFIED RESIDENTIAL REAL ESTATE APPRAISER (556) <input type="checkbox"/> CERTIFIED GENERAL REAL ESTATE APPRAISER (553)	
6. MAIDEN OR GIVEN NAME:	7. BUSINESS ADDRESS: STREET, CITY, STATE, ZIP CODE (IF DIFFERENT THAN ABOVE)	
8. OFFICE TELEPHONE NUMBER: (____) _____	9. HOME TELEPHONE NUMBER: (____) _____	

I do hereby consent that suits and actions arising out of any of my appraisal work in Illinois may be commenced against me in the circuit court of any county of Illinois in which the cause of action arose or in which the plaintiff resides, by the service of legal process on the Illinois Department of Financial and Professional Regulation. I agree that such service on the Agency shall be acknowledged in all courts to be valid and binding as if personal service of process had been made upon me.

I hereby certify to conduct my practice according to the standards of practice of the Uniform Standards of Professional Appraisal Practice, the Illinois Real Estate Appraiser Licensing Act of 2002 and the Administrative Rules thereto.

Signature

Date