IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under the Illinois Real Estate Appraiser Licensing Act of 2002. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed. This form has been approved by the Agency Forms Coordinator.

Illinois Department of Financial and Professional Regulation
CERTIFICATION BY LICENSING AGENCY/BOARD

SUPPORTING DOCUMENT

CT - APP

APPLICANT: Complete the top portion of this form, and then forward it to the agency that has, or had jurisdiction over your appraiser's license. Any fees charged by the agency are your responsibility. You are authorized to photocopy this form as necessary.

1. NAME (Mr/Ms/Mrs) LAST FIRST MIDDLE	2. DATE OF BIRTH	3. SOCIAL SECURITY NUMBER
	__ __ / __ __ / __ __ Month Day Year	__ __ __ - __ __ - __ __ __ __

4. ADDRESS STREET, CITY, STATE, ZIP	5. CHECK THE BOX THAT INDICATES YOUR ILLINOIS APPLICATION RANK
	☐ ASSOCIATE REAL ESTATE TRAINEE APPRAISER (557)
6. MAIDEN OR GIVEN SURNAME	☐ CERTIFIED RESIDENTIAL REAL ESTATE APPRAISER (556)
	☐ CERTIFIED GENERAL REAL ESTATE APPRAISER (553)

7a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)	7b. LICENSE NUMBER (If applicable)	7c. ISSUANCE DATE OF LICENSE (If applicable)

I hereby authorize _____ to furnish to the Department of Financial and Professional Regulation the information requested below. Signature: _____ Date:_____

LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all information requested on this form is contained in the Certification. Return completed form directly to the Illinois Department of Financial and Professional Regulation, 320 West Washington Street, 3rd Floor, Springfield, IL 62786.

CERTIFICATION OF LICENSURE

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER
C. ISSUANCE DATE OF LICENSE	**D. EXPIRATION DATE OF LICENSE**

E. CURRENT LICENSE STATUS

☐ **Active** ☐ **Inactive** ☐ **Lapsed**

☐ **Other (Explain)**_____

F. ENDORSEMENT

This State ☐ **does** ☐ **does not** grant endorsement licensure to Illinois appraisers

G. Is there now or has there ever been any action commenced against the applicant? ☐ **YES** ☐ **NO**

H. Have there ever been any formal sanctions imposed against the applicant as a matter of public record Including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)** ☐ **YES** ☐ **NO**

I. The registrant listed above: ☐ **HAS** ☐ **HAS NOT** passed an Appraiser Qualifications Board approved examination for the appraiser rank for which he/she is licensed in this jurisdiction. The passing grade for the examination is _____.

I certify that the information contained herein is true and correct according to the official records of this state.

_____
Print Name, Title

SEAL

_____
Agency/Board Street Address City, State, Zip

_____ _____ (___)_____
Signature Date Telephone Number