



Appraiser License Renewal or License Conversion Request
Returning From Active Duty in the United States Armed Services

PRIMARY DOCUMENT

MIL-7000

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
Division of Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786
800-560-6420

Important notice: Completion of this form is required to evaluate an applicant's request to renew an expired license or to convert an expired license to another rank. The expiration of the license must have occurred when the applicant was serving on active duty in the United States Armed Services as outlined in the **RENEWAL** section Illinois Real Estate Appraiser Licensing Act of 2002 (225 ILCS 458). Disclosure of information is required. Failure to complete this application may result in this form not being processed.

APPLICANT'S INFORMATION

NAME:

ILLINOIS LICENSE NUMBER:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

PLEASE INDICATE WHICH YOU ARE REQUESTING:

I am requesting that my license be renewed

I am requesting that I be allowed to convert my license

In order to process this form you must attach a copy of your **DD Form 214** or an **Affidavit of Military Service**. Application for renewal or conversion must be made within 2 years following the termination of the military service or related education, training, or employment. For purposes of this request, termination is also considered to be synonymous with discharge and/or separation.

Applicant's seeking renewal or conversion must have completed all required continuing education and all required AQB education and experience requirements before final approval.

Approval of this application only waives lapsed fees and/or penalties associated with license renewal or conversion. Current fees as outlined in Administrative Rules 1455.320 must be submitted along with a new application for licensure.

PLEASE INCLUDE WITH THIS FORM:

- **A COPY OF YOUR DD FORM 214 OR AN AFFIDAVIT OF MILITARY SERVICE**

I certify that I have personally completed this form, that the information is true and correct and that I am responsible for the content and signing this application and I will comply with requirements as set forth in AQB Criteria, the Real Estate Appraiser Licensing Act of 2002 (225 ILCS 458) and the Administrative Rule (68 Ill. Admin. Code Part 1455).

Signature of Person Responsible

Date

MAIL APPLICATION TO:
ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
Division of Professional Regulation
320 West Washington Street – 3rd Floor
Springfield, IL 62786