



SIX MONTH TEMPORARY PRACTICE PERMIT

PRIMARY DOCUMENT
Revised February 2020

TEM-1020

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

572

DIRECTIONS: A Temporary Practice Permit is for a six-month period commencing upon the issue date. Applicants must submit a completed Form **REA-1003** along with an **initial** non-refundable fee of **\$100** in the form of a check or money order made payable to the Illinois Department of financial and Professional Regulation. A Temporary Practice Permit will **NOT** be issued until the completed **REA-1003** is returned.

PLEASE CHECK THE BOX THAT INDICATES YOUR OUT-OF-STATE APPLICATION RANK:

Certified Residential Real Estate Appraiser

Certified General Real Estate Appraiser

INDICATE IF THIS IS A NEW APPLICATION OR AN EXTENSION REQUEST

This is my initial application with a fee of \$100

This is a 6 month extension of my prior application with a fee of \$50

APPLICANT IDENTIFYING INFORMATION

Name (Last, First, MI)	Social Security Number	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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Your Email Address

Mailing Address

City	State	Zip Code	County
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Profession Name as it appears on the License from your Jurisdiction	License Number	Expiration Date
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Daytime Phone	Cell	Home Phone
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APPRAISAL ASSIGNMENT - Failure to attach a letter of engagement and/or a master agreement will render the application incomplete.

Name of Client	
Contact Person	
Address(es) of the subject(s)	

Mark the Box ONLY if this is an FRT (federally related transaction)

Property Type (Residential, commercial, industrial, agricultural, subdivision, special use, etc):

TRAINEES, ASSISTANTS, INTERNS, APPRENTICES, or PROVISIONAL LICENSEES are Ineligible for a Permit.

I hereby swear that my Illinois appraisal assignments will be completed in compliance with the Illinois Real Estate Appraiser Licensing Act and Administrative Rules thereto; and the Uniform Standards of Professional Appraisal Practice. In addition, I 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. In case any process herein mentioned is served upon the Director, it shall be his/her duty to forward a copy of the process by registered mail to my last known address. I understand that the fee included with this application is non-refundable. I hereby authorize the Agency, or a designee, to examine and audit the contract and report submitted to the client that covers the subject property of the Temporary Appraisal Assignment in Illinois.

Signature

Today's Date

IMPORTANT NOTICE: Completion of this form is necessary for licensure/employment under provision set forth within the Illinois Compiled Statutes or other related Federal laws. Disclosure of this information is VOLUNTARY. However, failure to comply may result in the denial of your application.

IDENTITY VERIFICATION CERTIFYING STATEMENT

OOS-FP

Pursuant to Title 68 Part 1240.535 of the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004 Rules, fingerprint vendors are required to confirm identity of the individual seeking to be fingerprinted. This identity verification form must be completed for out-of-state residents applying for licensure/employment in the State of Illinois. This form will be utilized to confirm the personal identifying information being placed on the Illinois State Police (ISP) Fee Applicant fingerprint card, form number ISP-404. The out-of-state agency chosen to take your fingerprints, must complete this form, as written confirmation that a valid government issued drivers license or State ID was presented and that the identification provided, belongs to the individual being fingerprinted.

Instructions: This form must be submitted, along with a manual Fee Applicant fingerprint card to which your fingerprints have been applied, to a licensed live scan fingerprint vendor in the State of Illinois possessing "Scan Card" capability to ensure electronic transmission of the Fee Applicant fingerprint card. The electronic transmission of fingerprints to the ISP is mandated pursuant to Title 20 Part 1265 "Electronic Transmission of Fingerprints". **The manual submission of fingerprints to ISP is no longer acceptable.** Once your fingerprints have been taken, a signed original of this form must be attached to your Fee Applicant fingerprint card and submitted to an Illinois licensed live scan fingerprint vendor. As well, an additional copy may be required to be submitted to the requesting State Agency along with any additional application or required documentation specified by the State Agency.

Section 1 Applicant Information (All fields mandatory)

LAST NAME:	FIRST:	MIDDLE:	PHONE NUMBER:
MAIDEN NAME/GIVEN SURNAME:		POSITION / REASON FINGERPRINTED: (NURSE/DOCTOR/SECURITY GUARD, ETC)	
ADDRESS: (STREET/CITY/STATE/ZIP)		DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

Section 2 Certifying Agency Taking Fingerprints (Include TCN from Fee Applicant card)

AGENCY NAME:	TCN: FRM
DATE FINGERPRINT TAKEN: / /	CONTACT PHONE NUMBER: () -
PRINTING AGENT'S NAME: LAST	FIRST



I have compared the government issued identification presented by the applicant and attest that to the best determination, I have fingerprinted the same individual. (Must be checked to certify)

PRINTING AGENT'S SIGNATURE:

Illinois Live Scan Fingerprint Vendor Information

Section 3 Fingerprint Vendor Agency Name

LIVE SCAN FP AGENCY NAME:	
REQUESTING STATE AGENCY:	REQUESTING STATE AGENCY ORI:
DATE FINGERPRINTS SUBMITTED TO ISP:	COST CENTER USED:



CERTIFICATION FOR NONRESIDENT CONSENT

SECONDARY DOCUMENT

REA-1002

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

557 / 556 / 553

DIRECTIONS: Carefully follow the steps outlined within the instructions. Type or print legibly. The form must be completed in its entirety. You must complete all sections. If an area is not applicable, please indicate "N/A". Incomplete applications or applications completed that do not comply with the instructions will be returned to the applicant. All spaces requiring a signature must contain an **original** ink signature; copies or digital representations are not acceptable.

PLEASE CHECK THE BOX THAT INDICATES YOUR APPLICATION RANK:

Associate Real Estate Trainee Appraiser
 557

Certified Residential Real Estate Appraiser
 556

Certified General Real Estate Appraiser
 553

APPLICANT IDENTIFYING INFORMATION

Name (Last, First, MI)	Social Security Number	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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Permanent Mailing Address (P.O. boxes and retail postal facilities are not permitted as an official address of record)

City	State	Zip Code	County
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Place of Birth (City, State or Country)	Date of Birth (MM/DD/YYYY)	Age
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Telephone where you can be reached

Daytime	Cell	Home
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E-Mail

CERTIFICATION AND CONSENT

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

Today's Date

Criminal Background Check

Individuals applying for licensure for professions that require fingerprints must submit to a criminal background check and provide evidence of fingerprint processing from a fingerprint vendor licensed by the Department. **Fingerprints must be taken within 60 days from the date that the application is submitted to the Department or the Department's testing vendor.**

Applicants may contact a licensed fingerprint vendor to schedule an appointment for fingerprinting by going to <https://www.idfpr.com/FPVendor.asp>. The **ISP** will transmit electronic results of fingerprint processing to the Department. A receipt issued by a licensed fingerprint vendor agency must be submitted with the application fee. The receipt shall be issued by the fingerprint vendor at the time that the fingerprints are obtained.

Out-of-State applicants who are unable to schedule an appointment for fingerprinting through a licensed fingerprint vendor need to complete the following steps:

- Obtain one (1) **Illinois State Police (ISP) Fee Applicant Card** for processing. Applicants may contact the Department at 1-800-560-6420 or send an email request on your profession page of the Department website at: www.idfpr.com. The ISP will transmit electronic results of the fingerprint processing to the Department.
- Complete Section 1 of the **Identity Verification Certifying Statement** form.
- The **Fee Applicant Card** shall be taken to a police department in another state to obtain classifiable prints.
- Section 2 of the **Identity Verification Certifying Statement** form shall be completed and signed by the police department.
- Go to <https://www.idfpr.com/licenselookup/fingerprintlist.asp> to select a licensed fingerprint vendor that has "**Card Scan**" capability. Contact the vendor to determine the fee for a "**Card Scan**".
- Mail the ORIGINAL **Identity Verification Certifying Statement** form (*with Sections 1 and 2 completed*), **Fee Applicant Card** and **fingerprint fee** to the licensed fingerprint vendor selected from the Division of Professional Regulation website.
- Mail the completed application, licensing fee and a **copy** of the **Identity Verification Certifying Statement** form (*with Sections 1 and 2 completed*) to the Division of Professional Regulation.

Privacy Statement

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding myself from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or Federal Bureau of Investigation. I also understand that if my photo was taken, my photo may be shared only for employment of licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Original Signature of Applicant

Today's Date