

APPLICATION FOR RENEWAL OF IOWA REAL ESTATE LICENSE  
 Iowa Real Estate Commission  
 1920 SE Hulsizer Road, Ankeny, IA 50021  
 (515) 281-7393

Renewal Fee if postmarked by  
 December 31, 2007:

Salesperson: \$125  
 Broker \$170  
 Firm \$170  
 Branch \$50  
 Broker Branch \$50  
 Add. Broker Officer \$50  
 Tradename \$50

**COMPLETE STEPS 1-4 AND RETURN BY MAIL ONLY, OR RENEW ONLINE AT [www.licensedinIowa.gov](http://www.licensedinIowa.gov) . Incomplete forms will be returned unprocessed.**

License Number:	License Type: (circle one)	Status: (circle one)
	Tradename Salesperson Broker	Active or Inactive (If you are currently inactive you may not renew active.)
	Firm Firm Branch Broker Branch	
	Additional Broker Officer	
Name:		
Home address (Not a P.O. Box) including city, state and zip.		
Assigned to: (Firm name and license number)		

**If postmarked January 1-30, 2008, include a \$25 penalty (For Salespersons & Brokers only)**  
**DO NOT MAIL AFTER JANUARY 30, 2008.**

**STEP 1 - VERIFY BASIC INFORMATION**

**Since the date of your last renewal have you:**

a. Been convicted of a felony or misdemeanor (other than traffic offenses)?  Yes  No

b. Had a professional license revoked or been subject to disciplinary action by any state board or similar licensing body?  Yes  No

c. Have any criminal action pending?  Yes  No

d. Any board actions pending?  Yes  No

If you answered "yes" to any of these questions please attach a complete explanation.

APPLICANT BIRTH MONTH \_\_\_\_\_

DAYTIME PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_

**STEP 2 - INDICATE PAYMENT METHOD**

Check or money order enclosed, payable to State of Iowa

Charge \$\_\_\_\_\_ to my  MasterCard  Visa  
 (these are the only credit cards accepted)

**CARD NUMBER:**  
 \_\_\_\_\_

EXPIRATION DATE: MO \_\_\_\_ / YR \_\_\_\_

NAME ON CARD (please print)  
 \_\_\_\_\_

**X**  
 \_\_\_\_\_  
 SIGNATURE OF CARD HOLDER

**CONTINUING EDUCATION REQUIREMENTS**

**A. RESIDENTS OF IOWA AND ALL STATES NOT LISTED IN COLUMN B AT RIGHT**

First renewal for salespersons:

12 hours Buying Practices  
 12 hours Listing Practices  
 12 hours Developing Professionalism and Ethical Practices

Subsequent renewal for salespersons and all brokers:

8 hours Law Update  
 4 hours Ethics  
 24 hours Electives

Firms, trade names and branch licenses do not report continuing education.

**B. RESIDENTS OF AR, CO, GA, ID, MN, MT, NE, ND, OK, SD, AND WY**

A person licensed to practice a profession in this state shall be deemed to have complied with the continuing education requirement of this state during the periods that the person is a resident of another state or district which has a mandatory continuing education requirement for the profession and meets all requirements of that state or district for practice therein.

I, \_\_\_\_\_ (print name) hereby certify that I hold a license to practice real estate in my state of residence, which is \_\_\_\_\_. My resident state has a mandatory continuing education requirement and I maintain the required number of hours to sustain a license in the aforementioned state.

\_\_\_\_\_  
 Signature Date

**INACTIVE STATUS: THE REGULAR RENEWAL FEE MUST BE PAID OR YOUR LICENSE EXPIRES. YOU ARE NOT REQUIRED TO REPORT CONTINUING EDUCATION OR HAVE CURRENT ERRORS AND OMISSIONS INSURANCE.**

**STEP 3 – REPORT CONTINUING EDUCATION**

List below all classes completed between January 1, 2005 and December 31, 2007.

DO NOT attach course completion certificates.

Continuing education must be completed no later than December 31, 2007.

**Mandatory Courses**

Completed MM/DD/YY	School Name	Course Title	Course Number	Credit Hours

**Elective Courses**

				Total Mandatory Hours Reported
Completed MM/DD/YY	School Name	Course Title	Course Number	Credit Hours
				Total Elective Hours Reported

**Was exam taken in lieu of continuing education?**     Yes     No (If yes, please include pass notices)  
**Did you attempt to renew on line?**                     Yes     No

**STEP 4 - SIGN AND CERTIFY YOUR RENEWAL**

I, \_\_\_\_\_ (print name) hereby certify the following:

It is my responsibility to maintain continuing education records that support all classes I reported above. In the event my renewal report is audited, I will supply said records to the Iowa Real Estate Commission.

Check one of the following:

- I am renewing my license to an active status. I have the required errors and omissions insurance per Iowa Code Chapter 543B.47.
- I am renewing my license to an inactive status. I am not required to maintain errors and omissions insurance per Iowa Code Chapter 543B.47.

I hereby affirm that all information I have supplied is true and correct.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_