

ILLINOIS

**FOR
SALE**



**Real Estate
Appraisers
Program**

Candidate Handbook

Effective June 2009



APPLIED MEASUREMENT PROFESSIONALS, INC.

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QUESTIONS ABOUT LICENSING

Questions regarding license application or information concerning licensure requirements should be directed to:

Illinois Department of Financial
and Professional Regulation
320 West Washington Street
Springfield, IL 62786

HOW TO CONTACT AMP

For inquiries and general registration information write or call:

Candidate Support Center
AMP
18000 W. 105th Street
Olathe, KS 66061-7543
800/345-6559
Fax: 913/895-4651

INTRODUCTION

Applied Measurement Professionals, Inc. (AMP) provides a range of services to the states that use the Real Estate Appraiser Examination Program (RAP). This booklet provides information that you will need to register for the Illinois real estate appraiser licensing examinations. Be sure to keep the booklet after you have registered for the examination; you may wish to refer to it later.

The appraiser examinations are developed by the Appraisal Qualifications Board (AQB) based on an appraiser job analysis. The examinations content outlines is included in this handbook to guide your preparation.

STATEMENT OF NONDISCRIMINATION

AMP does not discriminate among candidates on the basis of age, gender, race, religion, national origin, disability or marital status.

EXAMINATION INFORMATION

The Illinois Department of Financial and Professional Regulation administers the following Illinois Real Estate Appraiser Licensing Examinations under a contract with AMP.

- Associate Appraiser
- Certified Residential Appraiser
- Certified General Appraiser

This booklet contains general information regarding the examinations and the testing process. For specific information about licensing procedures, contact the Illinois Department of Financial and Professional Regulation at the following address.

Illinois Department of Financial
and Professional Regulation
320 W. Washington
Springfield, IL 62786

ILLINOIS LICENSE REQUIREMENTS AND QUALIFICATIONS

■ Associate Appraiser (557)

To be eligible for this examination, candidates must meet the following requirements:

- Completion of the appraisal application on which all questions have been answered.

- Proof of successful completion of 75 hours of pre-license course work. The course work must have been completed through an approved Illinois appraisal provider. These hours must have been completed in the following curriculums (formerly IL-1; IL-II; and IL-III):
 1. USPAP – 15 hours
 2. Basic real estate appraisal principles – 30 hours
 3. Basic appraisal procedures – 30 hours
- Proof of course work can be submitted in the form of an original sealed school transcript. Transcripts, for all curriculums, are valid indefinitely.
- LOG-APP FORM – No experience is required for this license
- NON-RESIDENT CONSENT FORM – This only needs to be completed if the applicant has listed an out-of-state address.

■ Certified Residential Appraiser (556)

To be eligible for this examination, candidates must meet the following requirements:

- Completion of the appraisal application on which all questions have been answered.
- Proof of successful completion of 200 hours of pre-license course work. The course work must have been completed through an approved Illinois appraisal provider. These hours must have been completed in the following curriculums (formerly IL-1 through IL-IV; and IL-VI):
 1. USPAP – 15 hours
 2. Basic real estate appraisal principles – 30 hours
 3. Basic appraisal procedures – 30 hours
 4. Appraisal approaches – 30 hours
 5. Appraisal statistics, valuation cores, finance, USPAP update and report writing – 15 hours

(If an applicant is upgrading from a 554 or 557, they only need to submit proof of curriculums 4 and 5 above.)

- Proof of course work can be submitted in the form of an original sealed school transcript. Transcripts, for all curriculums, are valid indefinitely.
- LOG-APP – Must provide evidence of obtaining 2,500 hours of appraisal experience during no fewer than 24 months. Land area and building square footage must be completed for each appraisal listed on the log. For condominiums, they must write in “condo”. There is no time limit on how far back experience can be used.
- NON-RESIDENT CONSENT – This only needs to be completed if the applicant has listed an out-of state address.



■ Certified General Appraiser (553)

To be eligible for this examination, candidates must meet the following requirements:

- Completion of appraisal application on which all questions have been answered.
- Proof of successful completion of 300 hours of pre-license course work. The course work must have been completed through an approved Illinois provider. These hours must have been completed in the following curriculums (formerly IL-1 through IL-V; IL-VII; and IL-Elective):
 1. USPAP – 15 hours
 2. Basic real estate appraisal principles – 30 hours
 3. Basic appraisal procedures – 30 hours
 4. Appraisal approaches – 30 hours
 5. Appraisal statistics, valuation cores, finance, USPAP update and report writing – 15 hours
 6. Market analysis and highest and best use – 15 hours
 7. Appraisal income approach – 15 hours
 8. Report writing – 15 hours
 9. Elective course – 15 hours

(If an applicant is upgrading from a 554 or 557, they only need to submit proof of curriculums 4 through 9 above. If an applicant is upgrading from a 556, they only need to submit proof of curriculums 6 through 9 above.)

- Proof of course work can be submitted in the form of an original sealed school transcript. Transcripts, for all curriculums, are valid indefinitely.
- LOG-APP – Must provide evidence of obtaining 3,000 hours of appraisal experience during no fewer than 30 months. Land area for acres must indicate “acres”. There is no time limit on how far back experience can be used.
- NON-RESIDENT CONSENT – This only needs to be completed if the applicant has listed an out-of-state address.

APPLYING FOR THE EXAMINATION

To apply for the Associate Appraiser, Certified Residential Appraiser, or Certified General Appraiser examination, all candidates must:

- (1) complete all eligibility forms,
- (2) attach documentation as needed to show proof of satisfying the requirements, and
- (3) complete the application for Licensure Real Estate Appraiser form.

Eligibility forms and an application are included in this handbook (pages 3-19). All application materials must be in one envelope and complete when received. Incomplete or illegible applications will be returned to the sender.

After you have completed your eligibility and application forms and have checked them carefully, use the enclosed envelope to mail them to:

IL Appraisers Program
P.O. Box 8557
Springfield, IL 62791-8557

■ The Application Fees

The application fees for the Illinois Real Estate Appraiser Examinations are as follows:

Associate Appraiser – \$69

Certified Residential Appraiser – \$69

Certified General Appraiser – \$69

The licensure application fee is due when applying for the examination; include a check or money order made payable to the Department of Financial and Professional Regulation.



REAL ESTATE APPRAISER APPLICATION FOR LICENSURE

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
Division of Professional Regulation
320 West Washington Street
Springfield, IL 62786
217/785-9300

557 / 556 / 553

GENERAL

This application is to qualify for EXAMINATION to become an ASSOCIATE REAL ESTATE APPRAISER (557), CERTIFIED RESIDENTIAL REAL ESTATE (556) OR CERTIFIED GENERAL REAL ESTATE APPRAISER (553).

All spaces requiring a signature must contain an **original** signature; copies are not acceptable. The fee for application for an Associate Real Estate Appraiser (557) is \$225. The fee for Certified Residential Real Estate Appraiser (556) and a Certified General Appraiser (553) is \$300.

BASIC (Four Page) APPLICATION

Part I, Applicant's Applying Status: Indicate the status of your application by checking only one status category.

Part II, Application Category: In box #1, indicate the appraiser rank for which the application is being made. Each rank of appraisers requires different amounts of education and experience. The experience requirements are explained within these instructions for completing the supporting document, **LOG-APP**. In box #2, indicate the method of licensure. Do not indicate licensure by reciprocity unless you have verified, with this Agency, that a reciprocity agreement exists between Illinois and the other jurisdiction. This Agency will accept the reciprocal certification from the other jurisdiction with the submission of form CT-APP. The fee (check or money order payable to the Illinois Department of Financial and Professional Regulation) must accompany the application and is **NOT REFUNDABLE**.

Part III, Applicant Identification Information: If your name on any supporting documentation is different than the name used on your application, you must enter the other name in box #5 and submit proof of a legal name change (marriage license, divorce decree, court order, etc.).

Part IV, Education: Only courses (approved by the AQB) licensed by this Agency and presented by our licensed providers will be credited towards the education requirement. Approved course listings, which indicate the provider and course license numbers, are available from the Real Estate Licensing Division. Attach original sealed transcripts.

Part V, Record of Licensure: List the appraiser licenses, permits, etc. that you have, or had, in Illinois or other jurisdictions. Failure to do so could result in the denial of an original license or discipline to any license issued on the basis of this application.

Part VI, Record of Examination: List examinations that you have taken for licensure as an appraiser. Failure to disclose all appraiser licensure examinations may result in denial of the application or discipline to any license issued as a result of this application.

Parts VII and VIII, Personal History Information and Application Certification: In Part VII, all questions must be answered. If any question is unanswered, the application will be returned to you. Falsifying an answer will result in denial of the application or discipline to a license issued on the basis of this application.

SUPPORTING DOCUMENT, FORM LOG-APP

The **Associate Real Estate Appraiser** rank requires no experience. The **Certified General Real Estate Appraiser** rank requires 3,000 hours of appraisal experience during no fewer than 30 months, of which 1,500 hours shall be logged as non-residential appraisal work. All experience shall conform to USPAP and shall meet the criteria recommended by the AQB.

The **Certified Residential Real Estate Appraiser** rank requires 2,500 hours of appraisal experience during no fewer than 24 months. All experience shall conform to USPAP and shall meet the criteria recommended by the AQB.

Appraisal experience must be presented on the enclosed LOG-APP form. Incomplete appraisal logs will be returned. All appraisals listed are subject to Agency audit for a period of 5 years from the application date. Only list experience that can be documented by appraisal reports and are immediately available for audit. Failure to produce a listed appraisal could result in discipline to any license issued on the basis of this application. Applicants requesting experience for work as an Illinois assessment officer, deputy or employee thereof, are to contact the Real Estate Licensing Division for instructions.

Appraisal experience is calculated by listing the actual number of work hours spent for each appraisal on the Appraisal Experience Log form. FOLLOW THESE INSTRUCTIONS CAREFULLY IN COMPLETING THE APPRAISAL LOG. Appraisal logs not prepared in accordance with these instructions will be returned.

SUPPORTING DOCUMENT, FORM CT-APP

This form must be completed by any applicant who holds (or has held) an appraiser license in another jurisdiction. The top portion of the form is to be completed by you, then forwarded to the out-of-state licensing authority that has (or had) jurisdiction over your appraiser license. The out-of-state licensing authority is to complete the bottom portion to certify your license to our Office. You are responsible for any fees that the out-of-state authority may charge.

SUPPORTING DOCUMENT NONRESIDENT CONSENT

All applicants who are not Illinois residents must execute and include with their original application, a Consent to Service of Legal Process.

APPLICATION EXPIRATION

THIS APPLICATION IS VALID FOR ONE YEAR FROM THE DATE IT IS RECEIVED. You must have completed the requirements (including passing the examination) and applied for initial licensure within 365 days or the application expires.

An appraiser license issued as a result of this application will expire on September 30th of odd numbered years. Please send your completed application and application fee to the following address:

Applied Measurement Professionals, Inc.
P.O. Box 8557
Springfield, IL 62791

For general licensing inquiries, please contact the Illinois Department of Financial and Professional Regulation (DFPR) at 217-782-3414.

Please note that being approved to take the examination and/or passing the examination does not guarantee licensure. You may be selected by DFPR to submit additional information including, but not limited to, copies of the appraisal reports being claimed in your experience log (if applicable). Should you be selected your license will not be issued until the additional information has been reviewed and approved regardless of whether you have met all of the other licensure requirements.

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.

Application for Licensure REAL ESTATE APPRAISER

GENERAL INSTRUCTIONS

Carefully follow the steps outlined on the instruction sheet for each section of the application. Type or print legibly with black ink only. The application must be completed in its entirety. If an area is not applicable, please indicate as "N/A". Incomplete applications or applications completed that do not comply with the instructions will be returned to the applicant. All signature areas must contain an **original** signature (copies of signatures are not acceptable). **THE APPLICATION FEE MUST ACCOMPANY THE APPLICATION AND IS NOT REFUNDABLE.** This application expires one year from the date it is received.

PART I: Applicant's Applying Status (Check the one box that best describes your applying status).

CHECK BOX INDICATING THE APPROPRIATE CLASSIFICATION REGARDING YOUR APPLICATION.

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input type="checkbox"/> This is the first time I have made application for this profession in Illinois.</p> <p><input type="checkbox"/> I have previously made application for this profession in Illinois; however, my previous application expired and I am now reapplying.</p> | <p><input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.</p> <p><input type="checkbox"/> Other: _____

 _____</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

PART II: Application Category (Check one box in area 1 and one box in area 2. See instructions pertaining to appraiser ranks and methods of licensure.)

1. 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)	2. LICENSURE METHOD <input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity	3. FEE: (557) - \$225 (556) - \$300* (553) - \$300* <small>* This includes the National Registry Fee.</small>
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PART III: Applicant Identification Information

1. NAME (Mr/Ms/Mrs) LAST FIRST MI	2. SOCIAL SECURITY NUMBER _____ -- _____ -- _____
3. PERMANENT MAILING ADDRESS CITY STATE IL ZIP CODE COUNTY <small>(P.O. Boxes are not acceptable)</small>	
4. BUSINESS MAILING ADDRESS CITY STATE IL ZIP CODE COUNTY	
5. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED	
6. PLACE OF BIRTH CITY STATE/COUNTRY	7. DATE OF BIRTH ____ / ____ / ____ Month Day Year
8. AGE	
9. TELEPHONE NUMBER WHERE YOU MAY BE REACHED WORK (_____) _____ -- _____ HOME (_____) _____ -- _____	

PART V: Record of Licensure Information

If you have ever been licensed to practice Real Estate Appraisal in Illinois or any other jurisdiction, you must complete the information requested below. This also applies to temporary, trainee, and apprenticeship licenses or permits. You must complete a supporting document CT-APP for each listing (below) that pertains to an appraiser license issued by a government licensing authority other than the State of Illinois. See instructions pertaining to **CT-APP**. Failure to disclose all (active, nonactive or expired) licenses and/or permits may result in the denial of this application or revocation of an issued license and a fine of up to \$10,000. **If Part V is not applicable, please indicate below as "N/A."**

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)

(If additional space is needed, attach a separate sheet.)

PART VI: Record of Examination

If you have ever taken an examination in Illinois or any other state for the appraisal profession, you must complete the information requested below. **EACH EXAMINATION ATTEMPT MUST BE SHOWN.** Failure to disclose an examination attempt may result in the denial of your application or revocation of an issued license and a fine of up to \$10,000. **If Part VI is not applicable, please indicate below as "N/A."**

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS (Passed, Failed)
		___/___	
		___/___	
		___/___	
		___/___	

PART VII: Personal History Information (This Part must be completed by all Applicants)	YES	NO
1. Have you been convicted of any criminal offense in any state or federal court (other than minor traffic violations)? If yes, submit documentation for each conviction that includes an official copy of the court docket, which shows the offense, the final disposition inclusive of the sentence, a statement from the probation/parole officer if probation was served and that all conditions of the sentence have been met. Submit a brief statement indication what you have been doing since your conviction/release.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been denied a professional license or permit; or privilege of taking an examination; or had a professional license, certification, or permit disciplined in any way by any licensing authority? If yes, submit a copy of the denial letter and/or statement of discipline.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, submit a DD-214 if discharged other than honorably from a city, county, state or federal position; submit all documentation regarding discipline.	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you a U.S. citizen OR a lawfully admitted alien of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you delinquent on a student loan, State taxes, or child support payments? If yes, submit a statement concerning your arrearage and an official document from the appropriate agency, the Illinois Student Assistance Commission, the Illinois Department of Revenue, or the Illinois Dept. of Healthcare and Family Services, concerning your arrearage and your payment agreement.	<input type="checkbox"/>	<input type="checkbox"/>

PART VIII: Certifying Statement

1. I have read, understand and agree to comply with the provisions set forth in the Illinois Real Estate Appraiser Licensing Act and the Rules of the Illinois Department of Financial and Professional Regulation implemented thereunder.
2. I authorize the Illinois Department of Financial and Professional Regulation to interview the employees of companies, institutions, or organizations listed for my education, experience, or testing experience and to inspect my office appraisal files to verify information given on my application.
3. If an appraisal license is issued to me in error, I agree to return the license upon request after being given appropriate due process.

I have made this application for the purpose of procuring an Illinois real estate appraiser's license. I hereby consent that the application, and statements made within it, may be used as evidence by the Agency in matters of Administrative Law; or, by any court where a violation of Law is alleged. I understand that false statements may be used as evidence to deny this application or, to revoke or otherwise discipline any license issued on the basis of this application. The statements and indications made on this application are true and correct to the best of my belief and knowledge. I have read and understand the Law and Administrative Rules pertinent to appraiser licensure and agree to comply with the standards as set forth in the Real Estate Appraiser Licensing Act and the Rules thereto. I understand that the fee included with this application is **non-refundable**. I hereby promise, as a registered real estate appraiser, to conduct my practice according to the ethics, conduct and standards of practice of the Uniform Standards of Professional Appraisal Practice, the Illinois Real Estate Appraiser Licensing Act and the Administrative Rules thereto. I further promise that I will cooperate in any investigation against myself or any other appraiser registered as an Illinois real estate appraiser or a nonregistrant appraiser for which the Agency has jurisdiction.

(Signature)

(Date)

Consult Real Estate "Appraiser Application Instructions" for additional specific information concerning the filing of your application

AQB Criteria Conversion Matrix

Course	New Criteria
	* Associate 75 Hours
USPAP National Course 15 Hours	IL1-08
Basic Appraisal Principles 30 Hours	IL2-08
Basic Appraisal Procedures 30 hours	IL3-08
	*Certified Residential 200 Hours and Associate degree
College-Level Course Requirements	Associate degree or higher. In lieu of the required degree, Twenty-one (21) semester credit hours covering the following subject matter courses: English Composition; Principles of Economics (Micro or Macro); Finance, Algebra, Geometry, or higher mathematics; Statistics; Introduction to Computers – Word Processing/Spreadsheets; and Business or Real Estate Law.
Residential Market Analysis and Highest & Best Use 15 Hours	ILR4-08
Residential Appraiser Site Valuation and Cost Approach 15 Hours	ILR5-08
Residential Sales Comparison and Income Approach 30 Hours	ILR6-08
Residential Report Writing and Case Studies 15 Hours	ILR7-08
Advanced Residential Applications and Case Studies 15 Hours	ILR8-08
Statistics, Modeling and Finance 15 Hours	ILR&G9-08 (This is a Dual Course)
Electives	ILRE-08
	*Certified General 300 Hours and Bachelor's Degree
College-Level Course Requirements	Bachelor's degree or higher. In lieu of the required degree, Thirty (30) semester credit hours covering the following subject matter courses: English Composition; Micro Economics; Macro Economics; Finance, Algebra, Geometry, or higher mathematics; Statistics; Introduction to Computers – Word Processing/Spreadsheets; and Business or Real Estate Law; and two (2) elective courses in accounting, geography; ag-economics; business management; or real estate.
General Appraiser Market Analysis and Highest & Best Use 30 Hours	ILG4-08
General Appraiser Sales Comparison Approach 30 Hours	ILG5-08
General Appraiser Site Valuation and Cost Approach 30 Hours	ILG6-08
General Appraiser Income Approach 60 Hours May be Split Into Two 30 Hour Courses (A & B)	ILG7-08
General Appraiser Report Writing and Case Studies 30 Hours	ILG8-08
Statistics, Modeling and Finance 15 Hours	ILR&G9-08 (This is a Dual Course)
Electives	ILGE-08
<p>*Associate Appraisers need 75 hours - IL1-08, IL2-08, IL3-08</p> <p>*Certified Residential Appraisers need an Associate degree and 200 hours - IL1-08, IL2-08, IL3-08; and ILR4-08, ILR5-08, ILR6-08, ILR7-08, ILR8-08, ILR&G9-08 (This is a Dual Course), ILRE-08 (in lieu of Associates degree, 21 semester credit hours, see above)</p> <p>*Certified General Appraisers need a Bachelor's degree and 300 hours - IL1-08, IL2-08, IL3-08; and ILR4-08, ILR5-08, ILR6-08, ILR7-08, ILR8-08, ILR&G9-08, ILRE-08; and ILG4-08, ILG5-08, ILG6-08, ILG7-08, ILG8-08, ILGE-08 (in lieu of a Bachelor's degree, 30 semester credit hours, see above)</p>	

ILLINOIS REAL ESTATE APPRAISAL EXPERIENCE LOG INSTRUCTIONS

Not less than three (3) appraisal reports will be randomly selected from the Experience Log by Licensing and Testing staff. The applicant will receive a letter that identifies the addresses of the three assignments. The applicant will have fourteen (14) days in which to submit the reports. The reports must be “*true copies*”. Those claiming experience who have NOT signed the Certification MUST be specifically and conspicuously acknowledged in the body of the report. Their “*significant contribution*” MUST be clearly and specifically documented. Failure to detail specific tasks may result in a denial of application. Include **ONLY** appraisal reports that can be supported and documented.

1. Type or print all information in ink only. **Experience Logs** may also be computer generated provided that it follows the form.
2. Entries must be made for each assignment claimed as follows:
 - **Date of Report**: Indicate in chronological order the “*signature date*” of each report. In most cases the “signature date” will be the same or near to the *effective date* of value. However, in *retrospective* reports, there could be a considerable gap in time between the *effective date* of value and the “signature date”.
 - **Address of Subject Property**: The report should be identified in such a way so as to make report retrieval easy.
 - **Client Name**: The client should be clearly identified.
 - **Report Type**: Mark the appropriate box as to whether the report was Summary, Restricted Use, or Self-Contained.
 - **Type of Property**: Indicate the type by using the following abbreviations: SFR = Single Family Residence, CDO = Condominium, Coop = Cooperative, AP2, AP3, AP43 = Apartments followed by units, VAC = Vacant Land, IND = Industrial, COM = Commercial, AGR = Agriculture. Anything outside of these common property types should be identified as SPEC = Special.
 - **Site Area**: Choose *either* square footage or acreage.
 - **Primary Improvement GLA**: In most cases there is only one primary improvement (i.e. house, apartment building, condominium unit, warehouse, etc.). In some cases there may be many substantial structures on the site. Choose **one** for the GLA. If NONE exist; indicate the GLA as 0 or NA.
 - **Hours Claimed**: These are the hours that you, as the applicant, are claiming for the specific assignment. Please refer to the Real Estate Appraiser Experience Guide Matrix for assignment hours. Travel to and from an appraisal will **NOT** be counted. Do **NOT** claim fractions of hours. Round to the nearest whole hour. An assignment that took 9.5 hours should be rounded to 10 hours.
 - **(Board Use Only) Adjusted Hours**: This field is reserved for staff and/or Board Members **ONLY**. They may adjust hours more or less than claimed.
 - **Description of work by Appraiser**: Mark all boxes that apply. The boxes reflect the “significant contribution” by the appraiser/applicant. If the appraiser has NOT signed the Certification, they must be clearly identified in the report by name along with their *specific* task(s) in the assignment.
 - **Description of work by Supervisor**: This refers to the scope and level of review performed by the “*signing*” supervising appraiser. There are three additional boxes indicating “Desk Review”,

“Field Review”, and “Co-Appraised with Applicant”. Each page of the log should reflect the same supervising appraiser. If the applicant is supervised by more than one appraiser, a new page must be used.

- **Applicant’s Signature**: The applicant must sign each page as it is completed.
- **Certification/License or SSN**: The applicant must indicate their current appraisal credential in this space. If the applicant has **no** appraisal credential then they must include their Social Security Number in the space provided.
- **Supervisor’s Signature**: The supervising appraiser must sign each page that pertains to the work that they supervised.
- **Certification No.**: The supervising appraiser must provide their appraisal credential number. Supervisors with multi-state licenses should indicate their Illinois credential if they have one. If they have no Illinois credential then they should indicate another credential followed by the state or jurisdiction.

The Appraisal Board may request copies of the workfile. The applicant should have taken appropriate steps to retrieve their workfile. However, IDFPR cannot retrieve workfile contents on behalf of the applicant. USPAP is clear as to access to workfiles:

“An appraiser must have custody of his or her workfile, or make appropriate workfile retention, access, and retrieval arrangements with the party having custody of the workfile

REAL ESTATE APPRAISER EXPERIENCE CREDIT GUIDE MATRIX

Form Reports	Form I.D.	Hours	Review with Field Inspection Hours	Review without Field Inspection Hours
URAR	1004	10	5	2
Individual Condominium Unit Appraisal Report	465/1073	10	5	2
Exterior-only Individual Condominium Unit Appraisal Report	1075	7	5	2
Individual Cooperative Interest Appraisal Report	2090	10	5	2
Exterior-only Individual Cooperative Interest Appraisal Report	2095	7	5	2
Exterior-only Inspection Residential Appraisal Report	2055/2065	7	5	2
Desktop Underwriter Qualitative Analysis Appraisal Report (Interior Inspection)	2065	10	5	2
Employee Relocation Summary Report	ERC	15	5	2
Small Residential Income Report	1025	20	5	3
Manufactured Home Appraisal Report	1004C	10	5	2
Mobile Home Report		7	5	2
General Purpose Residential Report	GPAR	10	5	2
Farm Tract (Summary)	1922-1	30	10	5
Narrative Reports				
Land Appraisal – Single Lot		10	3	2
Single Family Residence		10	5	2
2 to 4 Unit		25	5	2
Subdivision Analysis		40	5	3
Land: acreage		20	5	3
Multi-Family (existing) 5 to 12 units		20	5	3
Multi-Family (existing) 13 to 48 units		40	10	5
Multi-Family (existing) greater than 48 units		50	15	7
Multi-Family (proposed) 5 to 12 units		30	7	3
Multi-Family (proposed) 13 to 48 units		50	15	7
Multi-Family (proposed) greater than 48 units		50	15	7
Commercial/Industrial (existing or proposed) Single User		30	5	3
Commercial/Industrial (existing) Multi-Tenant		40	7	5
Commercial/Industrial (proposed) Multi-Tenant		50	10	7

- **Restricted** reports are allowed one-half of summary reports and need to be reported on a separate log.
- **Self-Contained** reports must be listed separately for additional credit hours.
- ALL special reports where more hours than this form provides must be separately listed – with the hours requested.

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 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
APPRAISAL EXPERIENCE LOG
FIELD AND REVIEW**

SUPPORTING DOCUMENT

LOG - APP

APPLICANT: Use the back of this form to list all field and review appraisals for which credit hours are being requested. You must duplicate the back of this form for additional space. Read the certifying statement carefully and sign as indicated.

[1] NAME LAST FIRST MIDDLE _____ / _____ / _____ Month Day Year	[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 APPLICATION RANK: <input type="checkbox"/> CERTIFIED RESIDENTIAL REAL ESTATE APPRAISER (556) <input type="checkbox"/> CERTIFIED GENERAL REAL ESTATE APPRAISER (553)	
[6] MAIDEN OR GIVEN SURNAME	[7] TELEPHONE: (____) _____ - _____	

APPRAISAL LOG SUMMARY: Summarize your appraisal log by category (Residential = R or Nonresidential = G) and by calendar year. Total the number of appraisals and experience credit hours for each calendar year within each category, residential or nonresidential. Appraisal experience is calculated by listing the actual number of work hours spent for each appraisal.

YEAR	APPRAISALS LISTED ON PAGES FROM-TO	RESIDENTIAL EXPERIENCE (Code R)		NONRESIDENTIAL EXPERIENCE (Code G)	
		# OF APPRAISALS COMPLETED	TOTAL # OF HOURS	# OF APPRAISALS COMPLETED	TOTAL # OF HOURS
1	---				
2	---				
3	---				
4	---				
5	---				
TOTALS					

(If appraisal experience spans more than five years, photocopy this page for additional space.)

Under penalties of perjury, I certify that I have examined this document which I am submitting in connection with my application, and to the best of my knowledge it is true, correct, and complete. I understand that all experiences listed are subject to inspection and audit which may be required to verify this experience.

I have personally signed the appraisal report certificate, and/or, my name appears in the appraisal report as having made a significant contribution to the appraisal. All appraisal reports are in compliance with the Uniform Standards of Professional Appraisal Practice (USPAP). Any review appraisals listed are review reports in compliance with Standard 3, of the USPAP. I understand that underwriting reviews, desk reviews and/or administrative reviews, and CMA's are not acceptable experience and any such work is not listed on this log.

Appraisal report refers to the original document as delivered to the appraisal client. If audited, the copy submitted to the Agency is to be a true copy (exact replica) of the document delivered to the client. Appraisal reports listed on this form must be on file and readily available for Agency audit for a period of five years from the date of application.

(Signature)

(Date)

Supplemental Appraisal Experience Log				Last Name First (PRINTED)		
				Page _____ of _____		
List appraisals for which experience credit is requested. The appraisals are to be listed in chronological order with each year starting on a separate page by appraisal type. Appraisal Logs completed incorrectly will be returned for your correction or reformatting. List ONLY the number of actual experience hours worked on each appraisal. Travel TO and FROM an appraisal assignment will NOT be accepted. Mark the boxes that apply.						
Date of Report		Address of Subject	City	State	Client Name	
Year	Month					
Indicate the Report Type: <input type="checkbox"/> Summary <input type="checkbox"/> Restricted Use <input type="checkbox"/> Self-Contained						
Type of Property		Site Area (Sq.Ft. or Acres)	Primary Improvement GLA	Hours Claimed	(Board Use Only) Adjusted Hours	
Description of work by Appraiser		<input type="checkbox"/> Interior & Exterior Inspection of Subject <input type="checkbox"/> Exterior Inspection ONLY <input type="checkbox"/> Site Inspection <input type="checkbox"/> Market area analysis (zoning, etc.) <input type="checkbox"/> Highest & Best Use analysis <input type="checkbox"/> Research of Sale Comparables <input type="checkbox"/> Research of Rental Comparables <input type="checkbox"/> Sales Comparison Approach <input type="checkbox"/> Cost Approach <input type="checkbox"/> Income Approach <input type="checkbox"/> Final Reconciliation				
Description of work by Supervisor		<input type="checkbox"/> Interior & Exterior Inspection of Subject <input type="checkbox"/> Exterior Inspection ONLY <input type="checkbox"/> Site Inspection <input type="checkbox"/> Market area analysis (zoning, etc.) <input type="checkbox"/> Highest & Best Use analysis <input type="checkbox"/> Research of Sale Comparables <input type="checkbox"/> Research of Rental Comparables <input type="checkbox"/> Sales Comparison Approach <input type="checkbox"/> Cost Approach <input type="checkbox"/> Income Approach <input type="checkbox"/> Final Reconciliation <input type="checkbox"/> Desk Review <input type="checkbox"/> Field Review <input type="checkbox"/> Co-Appraised with Applicant				
Date of Report		Address of Subject	City	State	Client Name	
Year	Month					
Indicate the Report Type: <input type="checkbox"/> Summary <input type="checkbox"/> Restricted Use <input type="checkbox"/> Self-Contained						
Type of Property		Site Area (Sq.Ft. or Acres)	Primary Improvement GLA	Hours Claimed	(Board Use Only) Adjusted Hours	
Description of work by Appraiser		<input type="checkbox"/> Interior & Exterior Inspection of Subject <input type="checkbox"/> Exterior Inspection ONLY <input type="checkbox"/> Site Inspection <input type="checkbox"/> Market area analysis (zoning, etc.) <input type="checkbox"/> Highest & Best Use analysis <input type="checkbox"/> Research of Sale Comparables <input type="checkbox"/> Research of Rental Comparables <input type="checkbox"/> Sales Comparison Approach <input type="checkbox"/> Cost Approach <input type="checkbox"/> Income Approach <input type="checkbox"/> Final Reconciliation				
Description of work by Supervisor		<input type="checkbox"/> Interior & Exterior Inspection of Subject <input type="checkbox"/> Exterior Inspection ONLY <input type="checkbox"/> Site Inspection <input type="checkbox"/> Market area analysis (zoning, etc.) <input type="checkbox"/> Highest & Best Use analysis <input type="checkbox"/> Research of Sale Comparables <input type="checkbox"/> Research of Rental Comparables <input type="checkbox"/> Sales Comparison Approach <input type="checkbox"/> Cost Approach <input type="checkbox"/> Income Approach <input type="checkbox"/> Final Reconciliation <input type="checkbox"/> Desk Review <input type="checkbox"/> Field Review <input type="checkbox"/> Co-Appraised with Applicant				
Date of Report		Address of Subject	City	State	Client Name	
Year	Month					
Indicate the Report Type: <input type="checkbox"/> Summary <input type="checkbox"/> Restricted Use <input type="checkbox"/> Self-Contained						
Type of Property		Site Area (Sq.Ft. or Acres)	Primary Improvement GLA	Hours Claimed	(Board Use Only) Adjusted Hours	
Description of work by Appraiser		<input type="checkbox"/> Interior & Exterior Inspection of Subject <input type="checkbox"/> Exterior Inspection ONLY <input type="checkbox"/> Site Inspection <input type="checkbox"/> Market area analysis (zoning, etc.) <input type="checkbox"/> Highest & Best Use analysis <input type="checkbox"/> Research of Sale Comparables <input type="checkbox"/> Research of Rental Comparables <input type="checkbox"/> Sales Comparison Approach <input type="checkbox"/> Cost Approach <input type="checkbox"/> Income Approach <input type="checkbox"/> Final Reconciliation				
Description of work by Supervisor		<input type="checkbox"/> Interior & Exterior Inspection of Subject <input type="checkbox"/> Exterior Inspection ONLY <input type="checkbox"/> Site Inspection <input type="checkbox"/> Market area analysis (zoning, etc.) <input type="checkbox"/> Highest & Best Use analysis <input type="checkbox"/> Research of Sale Comparables <input type="checkbox"/> Research of Rental Comparables <input type="checkbox"/> Sales Comparison Approach <input type="checkbox"/> Cost Approach <input type="checkbox"/> Income Approach <input type="checkbox"/> Final Reconciliation <input type="checkbox"/> Desk Review <input type="checkbox"/> Field Review <input type="checkbox"/> Co-Appraised with Applicant				

Applicant's Signature _____

Supervisor's Signature _____

Certification/License or SSN _____

Certification No. _____

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 ____/____/____ Month Day Year		3. SOCIAL SECURITY NUMBER ____-____-____	
4. ADDRESS STREET, CITY, STATE, ZIP			5. CHECK THE BOX THAT INDICATES YOUR ILLINOIS APPLICATION RANK			
6. MAIDEN OR GIVEN SURNAME			<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)			
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, 500 East Monroe Street, Suite 200, Springfield, IL 62701-1509.

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 <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____		F. RECIPROCAL REGISTRATION This State <input type="checkbox"/> does <input type="checkbox"/> does not grant reciprocal licensure to Illinois appraisers	
G. Is there now or has there ever been any action commenced against the applicant? <input type="checkbox"/> YES <input type="checkbox"/> 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.) <input type="checkbox"/> YES <input type="checkbox"/> NO			
I. The registrant listed above: <input type="checkbox"/> HAS <input type="checkbox"/> 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



CERTIFICATION FOR NONRESIDENT CONSENT

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL
REGULATION
Division of Professional Regulation
320 West Washington Street
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

HOW THE EXAMINATION IS ADMINISTERED

The examinations are administered by computer at 14 AMP Assessment Centers throughout the state of Illinois. Please visit www.goAMP.com for the complete listing of available Assessment Centers. The examinations are offered five days a week and designated Saturdays (page 35). The Certified Residential and Certified General exams are given in two parts and must be taken in the same day.

Holidays

Examinations will not be offered on the following holidays:

- New Year's Day
- Martin Luther King Day
- Presidents' Day
- Good Friday
- Memorial Day
- Independence Day (July 4)
- Labor Day
- Columbus Day
- Veterans' Day
- Thanksgiving Day (and the following Friday)
- Christmas Eve Day
- Christmas Day
- New Year's Eve Day

EXAMINATION FEE

Examination Fee: \$69

Payment may be made by credit card (VISA, MasterCard, American Express or Discover), cashier's check or money order made payable to AMP. Personal checks, business checks and cash are NOT acceptable forms of payment.

Credit card transactions that are declined will be subject to a \$25 handling fee. You must send a certified check or money order for the amount due, including the handling fee, to AMP to cover declined credit card transactions.

SCHEDULING AN EXAMINATION

Candidates may register for the Illinois Real Estate Appraiser Licensing Examinations by one of the following methods:

1. **Schedule Online:** You may schedule an examination appointment online at any time by using our Online Application/Scheduling service at www.goAMP.com. To use this service on our website, follow these easy steps:

- Go to <http://ilra.goAMP.com> and choose an examination.
- Follow the simple, step-by-step instructions to choose your examination program and register for the examination. Please have your credit card available for online payment of examination fees.

OR

2. **Telephone Scheduling:** Call AMP at 800/345-6559 to schedule an examination appointment. This toll-free number is answered from 7:00 a.m. to 9:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 7:00 p.m. on Friday and 8:30 a.m. to 5:00 p.m. on Saturday. Please have your credit card available for payment of examination fees.

OR

3. **Fax your registration form**

Complete the registration form included in this handbook and fax it to AMP at the number included on the form. All sections of this form must be completed. Within 24 hours of receiving your faxed registration form, AMP will fax you a notice that it has been received. This option is available only for individuals paying the examination fee by credit card.

OR

4. **Mail your registration form**

This is a two-step process:

First, complete the registration form included in this handbook and mail it to AMP with the examination fee (paid by cashier's check or money order) to the address indicated on the form. All sections of this form must be completed. This form will be returned, if it is incomplete, illegible or submitted with an incorrect fee.

Second, call AMP at 800/345-6559 at least 7-10 business days after mailing your registration form to schedule an examination appointment.

If special accommodations are being requested, please submit the Request for Special Examination Accommodations Form included on page 31 prior to contacting AMP at 800/345-6559 to schedule your examination.

When you contact AMP to schedule an appointment, please be prepared to confirm a date and location for testing and to provide your name and Social Security number. Note: Your Social Security number is required for unique identification. All individuals are scheduled on a first-come, first-served basis. Refer to the chart on the following page.

If you call AMP by 3:00 p.m. Central Time on...	Depending on availability, your examination may be scheduled beginning...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday/Saturday
Thursday	Monday
Friday	Tuesday

You will be notified of the time to report to the Assessment Center; please make a note of it since you will NOT receive an admission letter. You will only be allowed to take the examination type for which you have applied; no changes in examination type will be made at the Assessment Center. **UNSCHEDULED CANDIDATES (WALK-INS) WILL NOT BE ADMITTED to the Assessment Center.**

Special Arrangements for Candidates with Disabilities

AMP is interested in ensuring that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. AMP will provide reasonable accommodations for candidates with disabilities.

1. Wheelchair access is available at all established Assessment Centers. Candidates must advise AMP at the time of registration that wheelchair access is necessary.
2. Candidates with visual, sensory or physical disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements using the form included on page 31 of this handbook.

Candidates requesting special accommodations will be required to submit documentation of their disability via fax or mail before they are scheduled for an examination. All special arrangements will be made on an individual basis. Please inform AMP of your need for special accommodations when scheduling your examination.

TELECOMMUNICATION DEVICES FOR THE DEAF

AMP is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available 8:30 a.m. to 5:00 p.m. (CST) Monday-Friday at 913/895-4637. This TDD phone option is for individuals equipped with compatible TDD machinery.

EXAMINATION APPOINTMENT CHANGES

You may reschedule an examination appointment at no charge once by calling AMP at 800/345-6559 at least two business days prior to the scheduled testing session. (See table below.) Observed holidays are listed on page 21.

If the examination is scheduled on...	AMP must be contacted by 3:00 p.m. Central Time to reschedule the examination by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

MISSED APPOINTMENTS AND CANCELLATIONS

You will forfeit the application and all fees paid to take the examination under the following circumstances.

A complete application and examination fee are required to reapply for the examination.

- You wish to reschedule an examination but fail to contact AMP at least two business days prior to the scheduled testing session.
- You wish to reschedule a second time.
- You appear more than 15 minutes late for an examination.
- You fail to report for an examination appointment.
- You fail to present the required documents (proper ID) on the day of the examination.
- You refuse to provide a fingerprint scan.

INCLEMENT WEATHER, POWER FAILURE OR EMERGENCY

In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center.

You may visit AMP's website at www.goAMP.com prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following

the examination regarding rescheduling or reapplication procedures.

If power to an Assessment Center is temporarily interrupted during an administration, the proctor will restart the examination where you left off and you may continue the examination.

NO REFUNDS

If you fail to arrive at the Assessment Center on the date and time that you are scheduled for an examination appointment, you will not be refunded any portion of your examination fee and you must reregister by contacting AMP; examination fees may NOT be transferred to another appointment.

If you arrive more than 15 minutes late for an appointment, fail to present the appropriate ID or required documentation, or fail to provide a fingerprint scan, you will not be admitted, you will forfeit your examination fee, and you must reregister for the examination by contacting AMP.

PREPARING FOR THE EXAMINATION

The study and test-taking advice described here may be helpful as you prepare for the examination. Try to be objective about your individual learning needs when deciding how best to study. Plan your study schedule well in advance. Use learning techniques, such as reading or audiovisual aids. Be sure you find a quiet place to study where you will not be interrupted. We suggest you concentrate your study efforts on a few carefully chosen textbooks.

■ Test-taking Advice

1. The examination will be timed and the computer will indicate the time remaining on the screen. If you find it distracting, the time feature may be turned off during the examination. If you choose to turn off the time feature, you should pace yourself by periodically checking your progress. This will allow you to make any necessary adjustments. Remember, the more questions you answer, the better your chances of achieving a passing score. The time limit is intended to allow candidates to complete the entire examination by working quickly and efficiently.
2. Be sure to answer each question, even the ones for which you are uncertain. Avoid leaving any questions unanswered; this will maximize your chances of passing. It is better to guess than to leave a question unanswered; there is no penalty for guessing.

EXAMINATION CONTENT

To begin your preparation in an informed and organized manner, you should know what to expect from the actual examination in terms of the content. Information regarding the content of the examination you will be taking is presented in the following sections.

■ Appraiser Test Specifications

The examination specifications and the detailed examination content outline have been established by the Appraiser Qualifications Board (AQB). The authority for the AQB to set standards and approve examination content was established by Title XI of the Financial Institutions Reform, Recovery, and Enforcement Act of 1989.

The Associate, Certified Residential and Certified General examinations are based upon 14 major content areas. Although the topics of the major content areas are the same for all three examinations, the emphasis devoted to the content areas differs in each examination.

Each of the content areas is briefly described below. A detailed content outline is included in the back of this handbook that includes the percentage of questions devoted to each of the three examinations for each major content area. The Associate is composed of 100 questions plus five unscored pretest questions. The Certified Residential and the Certified General are composed of 150 questions. In addition to the number of questions that are used to determine your score, the examinations may contain up to 15 questions that are being pretested for future versions of the examination. Pretest questions are not identified and are not included in the candidate's score.

	Percentage of Scored Questions		
	<u>Associate</u>	<u>Certified Residential</u>	<u>Certified General</u>
1. Influences on Real Estate Value	5	5	5
2. Legal Considerations	5	5	4
3. Types of Value	5	5	6
4. Economic Principles	5	5	6
5. Real Estate Markets and Analysis	4	4	5
6. Property Description	11	11	10
7. Highest and Best Use Analysis	9	9	9
8. Math and Statistics	3	3	4
9. Sales Comparison Approach	15	15	10
10. Site Value	5	5	4
11. Cost Approach	9	9	6
12. Income Approach	7	7	15
13. Valuation of Partial Interests	1	1	1
14. Standards/Ethics	<u>16</u>	<u>16</u>	<u>15</u>
TOTAL	100	100	100

■ Sample Questions

The following illustrate the type of questions used in the examinations. These sample questions do not represent the full range of content or difficulty levels contained in the examinations. They are intended to help you become familiar with the types and formats of questions on the examination. Read each question and decide which answer is best. You may then check your answers with the answer key that follows.

1. The subject property is a 10,000 sf office building encumbered by a full-service lease with a contract base rent of \$1.25 per sf monthly. Stabilized vacancy/credit loss allowance for similar properties within the market area is 7% of PGI. The operating expense ratio for similar properties is 30% of EGI, plus reserves for replacement of \$0.15 per sf. Based on these facts, what is the projected net operating income?
 - A. \$97,650
 - B. \$93,000
 - C. \$96,150
 - D. \$94,500
 2. The assignment is a warehouse located in an industrial park. The client requires the cost approach be completed. There are no vacant land comparables in the market area. There are 3 sales of commercial buildings in the industrial park with similar lots that the appraiser has researched extensively. The appraiser found the following information:

Sale 1 sold for \$1,750,000. The buyer allocated 20% of the value to the site and 80% to the value of the structure.

Sale 2 sold for \$1,000,000. The buyer was not available for verification, but the seller was available. The seller had just built the structure after holding the lot for 10 years as an investment property. He paid \$100,000 for the lot and had earned 25% straight line annual return on his investment over the cost of the structure and its entrepreneurial profit.

Sale 3 sold for \$3,500,000. The buyer estimated that 90% of what he paid was for the structure.

What is the indicated value of the lot using the allocation approach?
- A. \$350,000
- B. \$500,000
- C. \$135,000
- D. \$125,000
3. During the research of a subject property an appraiser learns the occupants (parents) have been granted a life estate by their children. What interest do the children hold in the property?
 - A. Remainderman
 - B. Life tenant
 - C. Trustee
 - D. Trustor
4. An homeowner purchased two adjacent lots in a tract subdivision 20 years ago and built a single-unit residence entirely on one lot, utilizing the second lot as a side yard. The homeowner has decided to build a smaller home on the vacant side lot and retain the existing home as a rental. What term applies to the second yard?
 - A. Surplus land
 - B. Vacant site
 - C. Excess land
 - D. Underutilized site
5. The subject assignment is to appraise a 1880s vintage house using the cost approach. The house has metal stamped ceilings, lath and plaster walls, which are items not easily available in today's construction. The estimated replacement cost using modern materials is \$120 per sf. Contractors charge \$15 more per sf to work on older houses. The estimated reproduction cost is \$185 per sf. What is the estimated loss in utility?
 - A. \$65 per sf
 - B. \$33 per sf
 - C. \$80 per sf
 - D. \$15 per sf
6. While working on an appraisal of a residential property in a new home subdivision, the appraiser finds that the builders have a total of 100 home sites currently offered for sale. In measuring market demand the appraiser notes that all of the builders are currently averaging 2 new sales contracts per month (combined), and are expecting to sell 24 homes within the next year. What conclusion could be drawn with regard to the 100 available home sites and a market period of the next 12 months?
 - A. The market is in a condition of supply and demand.
 - B. The market is in a condition of balance.
 - C. The market is in a condition of oversupply.
 - D. The market is in a condition of undersupply.

Answers

- | | |
|------|------|
| 1. C | 4. C |
| 2. A | 5. A |
| 3. A | 6. C |

TAKING THE EXAMINATION

Your examination will be given by computer at an AMP Assessment Center. You do not need any computer experience or typing skills to take your examination. On the day of your testing appointment, report to the Assessment Center no later than your scheduled testing time. Look for signs indicating AMP Assessment Center Check-in. A CANDIDATE WHO ARRIVES MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME WILL NOT BE ADMITTED.

■ Identification and Fingerprinting

To gain admission to the Assessment Center, candidates must present proper identification and provide a fingerprint scan. Each candidate must present two forms of identification, one with a current photograph. Both forms of identification must be current and include the candidate's current name and signature. The candidate will be required to sign a roster for verification of identity.

Acceptable forms of photo identification include a current driver's license with photograph, a current state identification card with photograph, a current passport, or a current military identification card with photograph. Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable as the primary form of identification.

During your testing process, you will be required to provide biometric verification of your identity. Biometric identification may include photography, fingerprint scan, or other. Your testing session is also subject to video surveillance. If you do not agree to these conditions, you will not be able to test and will be excused from the Assessment Center. Your testing fee will NOT be refunded.

YOU MUST HAVE PROPER IDENTIFICATION AND PROVIDE A VALID FINGERPRINT SCAN TO GAIN ADMISSION TO THE ASSESSMENT CENTER. Failure to provide appropriate identification and fingerprint scan at the time of the examination is considered a missed appointment. There will be no refund of your testing fee.

RULES FOR THE EXAMINATION

■ Security

AMP maintains examination administration and security standards that are designed to assure that all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, personal digital assistants (PDAs), pagers or cellular phones are allowed in the examination room.
- No programmable calculators are permitted. Only silent, hand-held, solar-or battery-operated calculators without paper tape-printing capabilities or alphabetic keypads, may be used. Financial calculators are allowed if they meet these specifications. Calculator malfunction during an examination does not constitute grounds for challenging examination scores or requesting additional testing time.
- No guests, visitors or family members are allowed in the testing room or reception areas.
- No personal items, valuables, or weapons should be brought to the Assessment Center. Only keys and wallets may be taken into the testing room and AMP is not responsible for items left in the reception area.

■ Examination Restrictions

- No personal belongings will be allowed in the Assessment Center. Pencils will be provided during check-in.
- You will be provided with scratch paper to use during the examination, which must be returned to the supervisor at the completion of testing, or you will not receive a score report. No documents or notes of any kind may be removed from the examination room.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

■ Misconduct

Individuals who engage in any of the following conduct may be dismissed from the examination, their scores will not be reported and examination fees will not be refunded.

Examples of misconduct are when a candidate:

- creates a disturbance, is abusive, or otherwise uncooperative;
- uses electronic communications equipment such as pagers, cellular phones, PDAs;
- talks or participates in conversation with other examination candidates;
- gives or receives help or is suspected of doing so;
- attempts to record examination questions or make notes;
- attempts to take the examination for someone else; or
- is observed with notes, books or other aids.

■ Copyrighted Examination Questions

All examination questions are the copyrighted property of AMP (for the Associate examination) or AQB (for the other exams). It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

■ Practice Examination

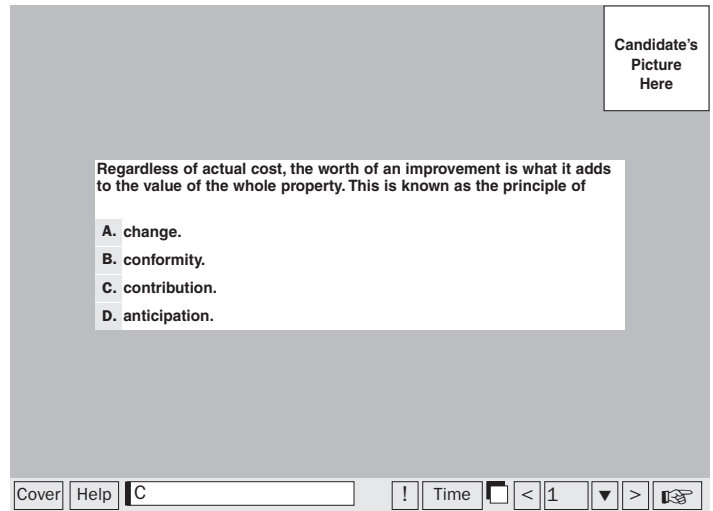
After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your Social Security number. You will be prompted to provide a fingerprint scan and take your photograph which will remain on screen throughout your testing session. This photograph will also print on your score report.

Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

■ Timed Examination

Following the practice examination, you will begin the actual examination. Before beginning, instructions for taking the examination are provided on-screen. The Associate examination is 3½ hours. The following time limits will be in effect for the Certified Residential and Certified General.

Examination	Time Allotted	Time Allotted
	A.M. Session	P.M. Session
Certified Residential Appraiser	3 hours	3 hours
Certified General Appraiser	4 hours	4 hours



The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the "Time" box in the lower right portion of the screen or select the Time key to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right portion of the screen. Choices of answers to the examination questions are identified as A, B, C, or D. You must indicate your choice by either typing in the letter in the response box in the lower left portion of the computer screen or clicking in the option using the mouse. To change your answer, enter a different option by pressing the A, B, C, or D key or by clicking on the option using the mouse. You may change your answer as many times as you wish during the testing time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen or select the NEXT key. This action will move you forward through the examination question by question. If you wish to review any question, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the testing session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key. When the examination is completed, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing.

■ Candidate Comments

During the examination, online comments may be provided for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided.

FOLLOWING THE EXAMINATION

■ Your Score Report

After you have completed both parts of the examination, you will be instructed to report to the testing supervisor to receive your score report. When you receive your score report, it will reflect either a “pass” or a “fail.” Your pass/fail status is determined by whether you provided enough correct answers to meet or exceed the passing point for the examination. A panel of experts established the passing point authorized by the DFPR. This passing point was established by a commonly accepted criterion referenced methodology that ensures that passing candidates have demonstrated an appropriate level of knowledge to warrant an appraiser license in Illinois.

If you pass the examination, you will receive a score report/licensure application. If you answer “yes” to any candidate screening question, 2-10, you must follow the license instructions and provide any required documentation when you submit your application for licensure.

If you fail the examination, you will receive a diagnostic score report showing your percentage score on the examination. Your score report will also show your scores on major content areas of the examination. To reregister for the examination, call AMP or visit www.goAMP.com (if payment is made by credit card) or submit a new completed registration form (if payment is made by cashier’s check or money order). There is no limit to the number of times you may take the examination.

■ Scoring the Examination

The passing score reflects the amount of knowledge that the Appraisal Qualifications Board (AQB) has determined to be appropriate. A criterion-referenced, standard-setting procedure involving expert judgment was used by the AQB to evaluate each question on the entire examination in order to identify an appropriate passing point. Your ability to pass the examination depends on the amount of knowledge that you display, and not on the performance of the other individuals taking the examination.

As new forms of the examination are introduced, a certain number of questions in each content area are replaced by new questions. Questions are selected for inclusion on an examinations form to ensure that it exactly matches the detailed content outline. The goal of this procedure is to ensure fairness to all candidates.

After completing the examination, candidates are asked to provide responses to a short evaluation of their examination experience. Then, candidates are instructed to report to the proctor to receive their instant score report. Scores are reported in written form only, in person or by U.S. mail. Please do not call AMP or the Appraiser Qualifications Board for score information; scores are not reported by telephone, electronic mail or facsimile.

■ Score Averaging

It is important to keep in mind that your total score on the examination is not the average of the subscores provided for each of the major content areas. This is because some content areas contain larger numbers of questions than others. Your total percentage score reflects the number of questions that you answered correctly divided by the total number of questions.

■ Duplicate Score Report

You may purchase additional copies of your score report at a cost of \$25 per copy. Requests must be submitted to AMP, in writing, within 12 months after the examination date. Complete the request form on page 33 of this handbook and submit it with the required fee payable to AMP. Duplicate score reports will be processed and mailed within approximately two weeks following receipt of the request.

LICENSE APPLICATION INSTRUCTIONS

After you have passed the Illinois Real Estate Appraiser Examination, you must follow the directions provided on your passing score report. The licensure process cannot begin until you have passed the examination and received a passing score report from AMP.

ILLINOIS REAL ESTATE APPRAISER EXAMINATION REGISTRATION FORM

Submit this form ONLY if you have submitted the Application for Licensure Real Estate Appraiser form and have been approved by AMP to take the examination.

Instructions for Completing the Examination Registration Form

The numbered questions correspond to the numbered blanks on the registration form (reverse side). PLEASE TYPE OR PRINT IN INK ALL INFORMATION.

1. **NAME:** Enter your last name, first name and middle initial exactly as they appear on your driver's license. Do not use nicknames.
2. **MAILING ADDRESS:** Abbreviate words like street, drive or road, and include your zip code.
3. **TELEPHONE AND FAX NUMBER:** Please provide a telephone number at which you may be reached during normal business hours Monday through Friday. This number will be used by AMP only in the event you have failed to complete your registration form correctly or if there should be a last minute change in the test site location. Provide your fax number if you are faxing your registration form to AMP.
4. **SOCIAL SECURITY NUMBER:** Enter your Social Security number. YOUR SOCIAL SECURITY NUMBER WILL BE USED AS YOUR IDENTIFICATION NUMBER FOR THIS EXAMINATION. WE CANNOT PROCESS YOUR REGISTRATION WITHOUT IT!
5. **BIRTH DATE:** Enter the month, day and year of your birth.
6. **TYPE OF EXAMINATION:** Choose the appropriate box.
7. **EXAMINATION FEE:** The examination fee is \$69. This fee must be submitted with your registration form. Cashier's check or money orders should be made payable to AMP. *Payment by cash or personal check is not acceptable.*
8. **SIGNATURE AND DATE:** Read the statement and sign your name as you would on a check or business letter.

ILLINOIS REAL ESTATE APPRAISER EXAMINATION REGISTRATION FORM

Submit this form ONLY if you are paying your examination fee by cashier's check or money order. If payment is to be made by credit card, call AMP at 800/345-6559 or visit www.goAMP.com to schedule your appointment, and do not submit this form.

Using the instructions on the reverse side, complete this form, and mail it with the appropriate examination fee to:

IL Appraisers Program
P.O. Box 8557
Springfield, IL 62791-8557

1. NAME

Last Name

First Name

M.I.

2. MAILING ADDRESS

Number, Street and Apartment Number

City

State

Zip Code

3. TELEPHONE NUMBER

(_____) _____ - _____

Daytime Telephone

FAX NUMBER (_____) _____ - _____

(Complete only if you are faxing this form to AMP.)

4. SOCIAL SECURITY NUMBER _____ - _____ - _____

5. BIRTH DATE _____ - _____ - _____

Month

Day

Year

6. TYPE OF EXAMINATION Associate Certified Residential Certified General

7. EXAMINATION FEE \$69

Your examination fee must be submitted with your registration form. Payment may be made by cashier's check or money order made payable to AMP. Payment by cash or personal check is not acceptable.

8. SIGNATURE AND DATE

I have read and understand the information provided in the Candidate Handbook, and the information I have provided on this registration form is true and complete to the best of my knowledge.

Yes No

Signature: _____ Date: _____



REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, **please complete this form and the Documentation of Disability-Related Needs on the reverse side and submit it with your application at least 45 days prior to your requested examination date.** The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

Candidate Information

Social Security # _____ – _____ – _____ Requested Assessment Center: _____

Name (Last, First, Middle Initial, Former Name)

Mailing Address

City

State

Zip Code

Daytime Telephone Number

Special Accommodations

I request special accommodations for the _____ examination.

Please provide (check all that apply):

- Special seating or other physical accommodations
- Reader
- Extended testing time (time and a half)
- Distraction reduced environment
- Other special accommodations (Please specify.)

Comments: _____

Signed: _____ Date: _____

**Return this form with your examination application and fee to:
Candidate Support Center, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543.
If you have questions, call the Candidate Support Center at 913/895-4600.**



DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that AMP is able to provide the required examination accommodations.

Professional Documentation

I have known _____ since ____ / ____ / ____ in my capacity as a
Examination Candidate Date

Professional Title

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability: _____

Signed: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

Date: _____ License # (if applicable): _____

**Return this form with your examination application and fee to:
Candidate Support Center, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543.
If you have questions, call the Candidate Support Center at 913/895-4600.**

Mail your completed form and correct fee to:
AMP/Appraiser, 18000 W. 105th Street, Olathe, KS 66061-7543

DUPLICATE SCORE REPORT REQUEST FORM FOR ILLINOIS APPRAISER

DIRECTIONS: Use this form to request a duplicate score report. Complete all requested information. This form must be received within one year of the examination date and include a check or money order for \$25. Duplicate score reports will be processed and mailed within approximately two weeks following receipt of the request.

Name: _____ Social Security #: _____

Address: _____

_____ Daytime Phone: _____

Examination Taken: Associate Appraiser
 Certified Residential Appraiser
 Certified General Appraiser

Examination Date: _____ Assessment Center: _____

I hereby authorize AMP to send me a duplicate of my examination results.

Signature: _____ Date: _____



2009 SATURDAY SCHEDULE

January 2009	3	10	17	24	31
Glen Ellyn	No		X		X
Springfield	Testing	X	X	X	X
St. Louis, MO			X		
Chicago (Washington St.)		X	X	X	X

February 2009	7	14	21	28
Glen Ellyn		X		X
Springfield	X	X	X	X
St. Louis, MO		X		
Chicago (Washington St.)		X	X	X

March 2009	7	14	21	28
Glen Ellyn		X		X
Springfield	X	X	X	X
St. Louis, MO		X		
Chicago (Washington St.)	X	X	X	X

April 2009	4	11	18	25
Glen Ellyn		No		X
Springfield	X	Testing	X	X
St. Louis, MO				
Chicago (Washington St.)	X		X	X

May 2009	2	9	16	23	30
Glen Ellyn		X		No	
Springfield	X	X	X	Testing	X
St. Louis, MO		X			
Chicago (Washington St.)	X	X	X		X

June 2009	6	13	20	27
Glen Ellyn		X		X
Springfield	X	X	X	X
St. Louis, MO		X		
Chicago (Washington St.)	X	X	X	X

July 2009	4	11	18	25
Glen Ellyn	No	X		X
Springfield	Testing	X	X	X
St. Louis, MO				
Chicago (Washington St.)		X	X	X

August 2009	1	8	15	22	29
Glen Ellyn	No		X		X
Springfield	Testing	X	X	X	X
St. Louis, MO			X		
Chicago (Washington St.)		X	X	X	X

September 2009	5	12	19	26
Glen Ellyn	No	X		X
Springfield	Testing	X	X	X
St. Louis, MO		X		
Chicago (Washington St.)		X	X	X

October 2009	3	10	17	24	31
Glen Ellyn		X		X	No
Springfield	X	X	X	X	Testing
St. Louis, MO		X			
Chicago (Washington St.)	X	X	X	X	

November 2009	7	14	21	28
Glen Ellyn		X		No
Springfield	X	X	X	Testing
St. Louis, MO		X		
Chicago (Washington St.)	X	X	X	

December 2009	5	12	19	26
Glen Ellyn		X		No
Springfield	X	X	X	Testing
St. Louis, MO		X		
Chicago (Washington St.)	X	X	X	



APPLIED MEASUREMENT PROFESSIONALS, INC.
18000 W. 105th Street
Olathe, KS 66061-7543
800/345-6559
Fax: 913/895-4651

