

# You may now pay this fee Online!



Beginning June 5, 2024, ePay is now available for Division of Real Estate licensure related fees.

Applicants and licensees may submit one-time payments online in place of sending a check or money order.

To pay online, please visit <https://idfpr.illinois.gov/epay.html>.

Once paid, complete the Payment Method section below and email your application, supporting documents, and this page to [fpr.realestate@illinois.gov](mailto:fpr.realestate@illinois.gov).

Access the  
ePay site via  
QR Code here



**Important:** Please complete the "Payment Method" section below for each application to ensure proper handling:

## Payment Method

Online – Paid Online at: <https://idfpr.illinois.gov/epay.html> in the amount of \_\_\_\_\_ . Approved #

Check/Money Order. Check# \_\_\_\_\_ Application Type: "Non Exam"



**SIX MONTH TEMPORARY PRACTICE PERMIT**

PRIMARY DOCUMENT  
**TEM-1020**

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
Division of Real Estate  
PO Box 7570  
Springfield, Illinois 62791-7570  
[FPR.RealEstateAppraisal@illinois.gov](mailto:FPR.RealEstateAppraisal@illinois.gov)

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**DIRECTIONS:** A Temporary Practice Permit is for a six-month period commencing upon the issue date. Applicants must submit this form and the application fee to the Illinois Department of Financial and Professional Regulation.

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

Certified Residential Real Estate Appraiser      Certified General Real Estate Appraiser      Licensed Residential Real Estate Appraiser

**INDICATE IF THIS IS A NEW APPLICATION OR AN EXTENSION REQUEST**

This is my initial application with a fee of \$150       This is a 6 month extension of my prior application with a fee of \$75

**APPLICANT IDENTIFYING INFORMATION**

Name (Last, First, MI) \_\_\_\_\_ Social Security Number (or ITIN) \_\_\_\_\_

Your Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Profession Name as it appears on the License from your Jurisdiction \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_ Home Phone \_\_\_\_\_

**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



## CERTIFICATION FOR NONRESIDENT CONSENT

SECONDARY DOCUMENT

**REA-1002**

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
Division of Real Estate  
PO Box 7570  
Springfield, Illinois 62791-7570  
[FPR.RealEstateAppraisal@illinois.gov](mailto:FPR.RealEstateAppraisal@illinois.gov)

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**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  
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Certified Residential Real Estate Appraiser  
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Certified General Real Estate Appraiser  
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### 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.

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Signature

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Today's Date