

DO NOT WRITE IN THIS SECTION	
DEPOSIT DATE: _____	Fee: \$ _____
<input type="checkbox"/> Check <input type="checkbox"/> Charge	Processed By: _____

RENEWAL FEES	
CERTIFIED GENERAL	\$240
CERTIFIED RESIDENTIAL	\$240
STATE LICENSED	\$240
PROVISIONAL (TRAINEE)	\$200
INACTIVE (ANY LICENSE TYPE)	\$200
RENEWALS POSTMARKED <u>AFTER</u> MAY 31, 2025 WILL PAY AN ADDITIONAL \$50 LATE FEE.	

2025 RENEWAL APPLICATION

(Carefully read the instructions and complete the Continuing Education Log on the back prior to submitting your renewal)

LICENSE NO: _____

NAME: _____

MAILING ADDRESS: _____

CONTINUING EDUCATION REQUIREMENT
14 HOURS, 7 OF WHICH MUST BE IN THE USPAP
UPDATE COURSE

Are you the spouse of an active military service member who resides or plans to reside in Kansas due to the military station of your spouse? If so, do not proceed and contact the KREAB at 785-296-6736.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Since filing your 2024 renewal or since the original issue date of your Kansas license/certificate (whichever is the latest), have you had your real estate appraisal license/certification suspended, revoked, placed on probation, or otherwise disciplined in a jurisdiction other than Kansas ? (If answered "yes", you must attach a detailed explanation of the action taken, a copy of the documentation finalizing the action taken, the state in which the action was taken, and if all requirements of the disciplinary action have been met.)
<input type="checkbox"/>	<input type="checkbox"/>	Since filing your 2024 renewal or the original issue date of your Kansas license/certificate (whichever is the latest), have you pled guilty or nolo contendere to, or had a conviction of: (A) forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, conspiracy to defraud, or any other similar offense; (B) a crime involving moral turpitude; or (C) any felony charge. (If answered "yes," you must attach a detailed explanation of the action taken, the state in which the action was taken, and if a final judgment has been made.)
<input type="checkbox"/>	<input type="checkbox"/>	To your knowledge, is there a disciplinary action being investigated or pending against you in a jurisdiction other than Kansas ? (If answered "yes," you must attach a detailed explanation of the complaint, the state in which it was filed, and the current status of same.)
<input type="checkbox"/>	<input type="checkbox"/>	Since filing your 2024 renewal or the original issue date of your Kansas license/certificate (whichever is latest), has a final civil judgment been entered against you on the grounds of financial misrepresentation or deceit in the making of any appraisal of real property? (If answered "yes," you must attach a detailed explanation of the civil action taken, the state in which it was taken, and a copy of the judgment.)

INSTRUCTIONS

- Knowingly filing a renewal on which you have given false or misleading information, i.e., failing to report disciplinary/legal action, misstating continuing education completed, etc., is actionable by the Board and disciplinary action **will** be taken. Carefully review your responses, your education log, and charge authorization (if applicable) before signing and submitting the renewal.
- **BOTH** sides of the renewal application must be completed before submitting. Your application may be (a) mailed to the KREAB at 700 SW Jackson, Ste. 804, Topeka, KS 66603 (payment by check, money order, or charge); (b) the renewal may be scanned and e-mailed to Caroll.A.Pessagno@ks.gov (payment by charge only); (c) on-line (payment by charge or ACH) at <http://www.kansas.gov/kreab>.
- To be considered "on-time" your renewal and fee must be postmarked no later than May 31, 2025. Renewals postmarked after that date will incur a \$50 late fee.
- Checks and money orders should be made payable to the Kansas Real Estate Appraisal Board or KREAB.

- If you are e-mailing the renewal or renewing “on-line,” **DO NOT** mail the original to the Board office. This can result in both renewals processing and a refund can take up to 30 days to process.

INSTRUCTIONS FOR COMPLETING THE CONTINUING EDUCATION LOG

- You are required to meet 14 hours of continuing education, which must include the 7-hour USPAP Update course. The 15-hour USPAP course **cannot** be used in lieu of the Update course.
- Each entry must show the date completed in the following format (mm/dd/yy). Continuing education for this cycle must have been completed on or after your original Kansas license issue date.
- Each entry must show if the course was “on-line” or “classroom.” This is designated by OL (for on-line) or CR (for classroom).
- Location applies only to classroom courses...we don’t need the street address or building name, only a city and state.
- Provider must be entered to show who gave the course. If the provider name listed does not match our approved list, the course can be denied and the renewal returned as incomplete.
- Course title must be complete and match the title under which the course was approved.
- Enter the hours as they appear on your certificate of completion.
- DO NOT ATTACH COPIES OF THE CERTIFICATES OF COMPLETION TO THE APPLICATION.** Certificates are only submitted when requested by the Board during an audit.

Continuing Education Log

(Carefully read the instructions above prior to completing this section.)

DATE COMPLETED MM/DD/YY	ON-LINE (OL) OR CLASSROOM (CR)	LOCATION (CLASSROOM ONLY)	PROVIDER	COURSE TITLE	HOURS

I HEREBY ATTEST THAT I COMPLETED THIS RENEWAL APPLICATION IN ITS ENTIRETY AND THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Date Signed

Signature of Appraiser

Yes No **Are you willing to become a supervisor for a trainee?**

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER													
EXPIRATION:	MONTH	<input type="text"/>	<input type="text"/>	YEAR:	<input type="text"/>	<input type="text"/>	<input type="text"/>	AMOUNT OF CHARGE: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PRINT CARDHOLDER’S NAME								CARDHOLDER’S SIGNATURE							
BILLING ADDRESS:				(STREET)				(CITY)				(STATE)		(ZIP CODE)	

CHARGE RECEIPT REQUESTED