



APPLICATION FOR CERTIFIED EXCHANGE SPECIALIST® RECERTIFICATION

Any individual who has successfully passed the CES® examination, or who had been granted the CES® designation, and whose designation has subsequently lapsed for failure to timely report CE hours or pay annual renewal fees as imposed by the CES® Council may regain their CES® designation without re-taking and passing the CES® examination by completing the following application.

A complete application package must include:

- Completed Recertification Application;
- Payment of a non-refundable reinstatement fee of \$100. Attach fees in the form of a check, cashier's check, or money order made payable to "FEA (CES)". Alternatively, the application fee may be paid online on the CES® website at www.1031ces.org;
- Payment of the accumulated CES® renewal fees for all of the calendar years during which the applicant's designation was in lapsed status; and
- At the time of submission of the reinstatement application, demonstrate completion, during the prior twenty-four (24) months, of twenty (20) hours of approved continuing education credits (defined in the Maintenance of Certification section of the CES® Policies and Procedures Manual). Consistent with CES® designation requirements, said continuing education hours must consist of a minimum of twelve (12) live hours and a minimum of two (2) ethics hours. Please complete the CE Worksheet included in this application and provide copies of certificates or proof of attendance for each class.

Return completed application with payment by mail to:

CES® Application
Federation of Exchange Accommodators (FEA)
1255 SW Prairie Trail Parkway
Ankeny, IA 50023

or by email or fax to:

director@1031.org or (515) 334-1167

IMPORTANT NOTICE

Incomplete applications will NOT be processed and will be returned to the applicant. The application fee will be refunded less a \$100 non-refundable administrative fee.

Please print or type all information:

Applicant Information

Name _____
Last First Middle

Home Address _____
Street

_____ City State Zip

Home/Mobile Telephone (____)____-_____ Work Telephone (____)____-_____

E-mail Address for receiving CES® correspondences as a CES® Designee:

Alternative Email Address (in case we cannot reach you through the above email address):

Employment History

I am currently employed by (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Qualified Intermediary | <input type="checkbox"/> CPA firm |
| <input type="checkbox"/> Law Firm | <input type="checkbox"/> Real Estate Company |
| <input type="checkbox"/> Banking Institution | <input type="checkbox"/> Title Insurance Company |
| <input type="checkbox"/> Escrow Company | <input type="checkbox"/> Trust Company |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Self-Employed: _____ |

Explanation for Lapse in Designation

Please provide a brief summary of factors or circumstances that led to the lapse in designation. Please feel free to include an attachment if you prefer.

Eligibility Requirements

Have you ever pled "guilty" or "no contest" (nolo contendere) or been convicted of any crime (e.g. a misdemeanor or felony) involving fraud, embezzlement, misappropriation of funds, conversion of property, theft, forgery or any crime involving the property of another?

No _____

Yes, explain: _____

Have you ever had any professional designation or license suspended or revoked or have you ever voluntarily relinquished a professional designation or license due to activities concerning fraud, embezzlement, misappropriation of funds, conversion of property, theft, forgery or any crime involving the property of another?

No _____

Yes _____ If yes, please provide a complete explanation including, but not limited to, dates and jurisdiction: _____

Note: A "Yes" answer to either of the above questions will not automatically result in disqualification from the CES® examination but will be reviewed by the Certification Council based on all relevant facts and circumstances.

Those applicants denied qualification for the CES® examination will be notified in writing of the Council's decision and may file an appeal with its Due Process Committee.

Do you have a minimum of three (3) years out of the past seven (7) years of full-time equivalent work experience at a Qualified Escrow, Trust, or Intermediary Company as defined below and are you currently working for a qualified Escrow, Trust, or Intermediary Company in which you are directly involved with facilitating exchanges? "Full-time work experience" must include substantial time spent counseling taxpayers and their advisors (e.g., lawyers, accountants, and real estate professionals) on issues relating to tax-deferred exchanges under IRC Section 1031. "Full-time work experience" does not include those periods where significant time was devoted solely to such tasks as data input, accounting, and company marketing. Such work experience may be an aggregate accumulation and does not have to be consecutive years and may either be direct, such as an owner or employee, or indirect, such as in an independent contractor's status. The Council will take into account only that work experience accrued during the seven (7) year period from the date of the review of the candidate's application for certification.)

No _____

Yes _____

Definition: A Qualified Escrow, Trust, or Intermediary Company, as defined under Treasury Regulation Section 1.1031(k)-1(g)(4)(iii), is any sole proprietorship, partnership, limited liability company, trust, corporation, association, or any other going concern whose primary business is that of facilitating like-kind exchanges under Internal Revenue Code Section 1031 and the Treasury Regulations promulgated there under. Standard title or escrow activities are not considered to be experience related to a "Qualified Escrow" as described above.

List your employment experience below

Current Employer: _____

Address _____

City _____ State _____ Zip _____

Supervisor _____ E-mail _____

Office Telephone (____)____-____ Office Fax (____)____-____

Job Title: _____ From: _____ To: _____

Provide a **detailed** job description of all responsibilities related to the facilitation of 1031 exchanges:

What percentage of your average day is consumed by the duties described above? _____%

Has that percentage changed either up or down during your employment? ____ Yes ____ No

If yes, please explain **including** the previous percentage of your day consumed by exchange facilitation and when the change occurred. (Percentages **MUST** be defined or application will be returned as incomplete.) _____

As an employee or owner of this company, do you perform non-exchange duties?
____ Yes ____ No

If yes, please provide a brief overview: _____

What percentage of your average day is consumed by the duties described above? _____%

Is there anything you would like us to consider regarding your experience with this company? If yes, please describe: _____

I, the undersigned applicant, recognize and agree to the following (**INITIAL ALL**):

_____ I hereby apply for reinstatement of the Certified Exchange Specialist® designation offered by the CES® Certification Council (Council) on behalf of the Federation of Exchange Accommodators (FEA) in accordance with and subject to its rules. I understand that the information gathered in the recertification process will be used for statistical purposes and for evaluation of the CES® Program. I further understand that the Council and the FEA will keep all information related to this application and the recertification application and approval process confidential.

_____ To the best of my knowledge, the information contained in this application is true, complete and correct, and is made in good faith. I understand that the Council and the FEA reserves the right to verify any or all information on this application and that any incorrect or misleading information may constitute grounds for rejection of my application or revocation of my certification.

_____ **I hereby consent to the release of information to the designated representatives of the Council or the FEA by any employer, educational institution, and/or licensing or certification body that may be contacted by the Council or the FEA to verify such information. I agree to hold harmless the Council and the FEA for liability from verification/inspection of documents or records/investigations, from action taken during the certification process, and from failure to certify me as a Certified Exchange Specialist®.**

_____ I have read the Candidate Bulletin of Information and the Code of Ethics and Conduct for the Certified Exchange Specialist® and I agree to abide by them.

_____ I recognize that the Council and FEA reserves the right to change its standards or policies.

_____ I recognize that I must meet all CES® prerequisites before I can be considered certified and represent myself as such.

_____ I recognize that, if recertified, CES® certification does not constitute FEA or Council endorsement, warranty or guarantee of my competency.

_____ I recognize that my credential will be Certified Exchange Specialist® and that CES® and Certified Exchange Specialist® are registered trademarks of the FEA. I further agree to use such trademarks only in accordance with CES® policies.

_____ I agree to inform the Council through the FEA of changes or circumstances that may materially alter this application.

_____ I agree that, if recertified, my name and employer may be included in the published list of current CES® Designees.

_____ I recognize that if my application is incomplete it will **NOT** be processed and will be returned to me along with my application fee, less a \$100 non-refundable administrative fee.

I hereby certify under penalty of perjury that all information provided in this application is true, correct and complete to the best of my knowledge.

Applicant Signature

Date

Continuing Education Credit Hours Completed

Demonstrate completion, during the prior twenty-four (24) months, of twenty (20) hours of approved continuing education credits (defined in the Maintenance of Certification section of the CES® Policies and Procedures Manual). Consistent with CES® designation requirements, said continuing education hours must consist of a minimum of twelve (12) live hours and a minimum of two (2) ethics hours.

You must obtain and submit, independent confirmation of your attendance at the course work for which you are seeking credit

CES® Hours		Date Complete	Course/Workshop Title	Sponsoring Organization
General	Ethics			
		Total Continuing Education Credit Hours Claimed		

Certification:

I hereby certify that I have taken and completed all the course work as listed above and I have attached with this certification proof of attendance for each credit hour sought.

I further certify that in the past two years I have not committed any act of the type that would disqualify me from holding the CES® designation.

I further certify that I have reviewed the Code of Ethics and Conduct for the Certified Exchange Specialist® and I agree to abide by these standards of ethics and conduct.

Applicant Name

Applicant Signature

CERTIFIED EXCHANGE SPECIALIST®

REQUEST FOR VERIFICATION OF CURRENT EMPLOYMENT

*(Applicant to complete top half of form for Current Employer.
Completed "Verification of Current Employment" must be returned with Application)*

To: _____

Attn: _____

I, _____, have applied for certification as a Certified Exchange Specialist®, which requires verification of my present 1031 exchange related employment on this form. My signature below authorizes you to release this information to the Federation of Exchange Accommodators and/or the Council for that purpose. Thank you for your cooperation and prompt response to this request.

Date: _____

Employee Signature: _____

VERIFICATION OF CURRENT EMPLOYMENT

(Current Employer: complete "Verification of Current Employment" below)

PLEASE NOTE: The information provided must be specific as to dates, and unless otherwise specified, presumes a 40 hour week, 50 weeks a year at a Qualified Escrow, Trust, Intermediary Company (as defined on page 3), or related business that is involved in the facilitation of tax-deferred exchanges under Section 1031 of the Internal Revenue Code. If experience is other than above, please specify on back or attach additional pages verifying hours worked (presuming five day work week), where worked (if not in the office), days of the week worked (presuming eight hour day), type of work performed.

JOB TITLE: _____ From _____ To _____
(Month / Year) (Month / Year)

JOB DESCRIPTION: _____

JOB TITLE: _____ From _____ To _____
(Month / Year) (Month / Year)

JOB DESCRIPTION: _____

I certify under penalty of perjury that the above information is true and correct based upon the following:

_____ Employment records as of (date: _____) _____ Personal knowledge

Has this employee been involved with the structuring and facilitating of tax-deferred exchanges above the clerical level for a cumulative of three years out of the past seven years for your company?

Yes _____ No _____ If YES, for how long? _____ Yrs. _____ Mos.

What % of the employee's average day has been consumed by the duties described above: _____%

If the percentage has changed during employment, add additional description with percentages.

Company Name: _____

Telephone: (____) _____ - _____

By: _____ Title: _____

Signature: _____ Date: _____