



## 2024 APPLICATION FOR CERTIFIED EXCHANGE SPECIALIST® EXAMINATION

### Examination Dates and Locations

April 16, 2024	Washington, DC and Online
September 16, 2024	Austin, TX and Online

### Application Fees

Each Candidate	<b>Early Bird Fee</b> \$400 / applicant	<b>Application Fee</b> \$500 / applicant
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### Application Deadlines

Exam Date	Early Bird Deadline	Application Deadline
April 16, 2024	March 1, 2024	March 15, 2024
September 16, 2024	August 2, 2024	August 16, 2024

### 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 to: [staff@1031.org](mailto:staff@1031.org)

**Application and payment must be RECEIVED prior to the deadlines shown above.**

### A complete application package must include:

- Completed and signed application form (including employment verifications for 3 years)
- Application fee
- Copy of unexpired driver's license or other unexpired federal or state identity document containing a photo

**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.**

If, for any reason, you have registered but are unable to take the examination, you may request in writing a refund of the examination fee, less the \$100 non-refundable administrative fee, up to seven (7) days prior to the examination date. After this deadline there will be no refund of examination fees.

**Application Instructions:**

Before completing this form, please read the Candidate Bulletin of Information, which can be accessed at [www.1031ces.org](http://www.1031ces.org). Information is subject to verification. Please complete entire application.

***Incomplete applications will be returned.*** Application fees will be returned less the \$100 non-refundable administrative fee.

Please print or type all information.

Attach application fee in the form of a check, cashier check, or money order made payable to "FEA (CES)" and a copy of your unexpired driver's license or other unexpired federal or state identity document containing a photo. Alternatively, the application fee may be paid online on the CES® website at [www.1031ces.org](http://www.1031ces.org).

**Indicate which date you will be taking this examination:**

_____	April 16, 2024	Washington, DC
_____	April 16, 2024	Online
_____	September 16, 2024	Austin, TX
_____	September 16, 2024	Online

**Applicant Information**

Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Home Telephone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Work Telephone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

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

\_\_\_\_\_

Alternative E-mail Address (in case we cannot reach you through the above e-mail address):

\_\_\_\_\_

## Employment History

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

- Qualified Intermediary
- Law Firm
- Banking Institution
- Escrow Company
- Other:

- CPA firm
- Real Estate Company
- Title Insurance Company
- Trust Company
- Self-Employed:

## 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(3) and (4), 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 beginning with your current position.**

**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:

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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.) \_\_\_\_\_

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As an employee or owner of this company, do you perform non-exchange duties?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide a brief overview: \_\_\_\_\_

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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: \_\_\_\_\_

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**The above must be verified using the Current Employment Verification Form on page 7.**

**Previous 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? \_\_\_\_\_%

Did that percentage change 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, did 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Photocopy and attach additional pages if necessary)

**The above must be verified using the Previous Employment Verification Form on page 8. All verifications attached to this application must reflect a minimum of 3 years out of the past 7 years of full-time equivalent work experience. For more detailed information refer to the Candidate Bulletin of Information.**

**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: \_\_\_\_\_

**CERTIFIED EXCHANGE SPECIALIST®**

**REQUEST FOR VERIFICATION OF PREVIOUS EMPLOYMENT**

*(Applicant to complete top half of form for Previous Employer.*

*Completed "Verification of Previous Employment" must be returned with Application)*

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Attn: \_\_\_\_\_

I, \_\_\_\_\_, have applied for certification as a Certified Exchange Specialist®, which requires verification of my previous 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 PREVIOUS EMPLOYMENT**

*(Current or Past Employer: complete "Verification of Previous 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: \_\_\_\_\_



## Highest Level of Education

	Name of School	City & State	Year
Some High School	_____	_____	_____
HS Diploma/GED	_____	_____	_____
Associate Degree	_____	_____	_____
Bachelor Degree	_____	_____	_____
Other	_____	_____	_____

### Other Licenses & Certifications (please check all the apply)

### Please Circle

<input type="checkbox"/>	Certified Public Accountant (CPA)	State: _____	Active: Y N
<input type="checkbox"/>	Attorney at Law	State: _____	Active: Y N
<input type="checkbox"/>	Master of Laws (LLM)	State: _____	Active: Y N
<input type="checkbox"/>	Certified Financial Planner (CFP)	State: _____	Active: Y N
<input type="checkbox"/>	Certified Commercial Investment Member (CCIM)	State: _____	Active: Y N
<input type="checkbox"/>	Graduate, REALTOR® Institute (GRI)	State: _____	Active: Y N
<input type="checkbox"/>	REALTOR®	State: _____	Active: Y N
<input type="checkbox"/>	Other _____	State: _____	Active: Y N
<input type="checkbox"/>	Other _____	State: _____	Active: Y N
<input type="checkbox"/>	Other _____	State: _____	Active: Y N

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

\_\_\_\_\_ I hereby apply for 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 certification 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 certification 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 successfully pass the certification examination and meet other prerequisites before I can be considered certified and represent myself as such.

\_\_\_\_\_ I recognize that, if certified, CES® certification does not constitute FEA or Council endorsement, warranty or guaranty of my competency.

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

\_\_\_\_\_ I agree to inform the Council thru the FEA of changes or circumstance that may materially alter this application.

\_\_\_\_\_ I agree that, if certified, 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 understand that if, for any reason, I have registered but I am unable to take the examination, I may request a refund of the examination fee, less the \$100 non-refundable administrative fee, up to seven (7) days prior to the examination date. I am fully aware and understand that after this deadline there will be no refund of examination fees.

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**

**Be sure to include with this application:**

\_\_\_\_\_ Application fee of \$\_\_\_\_\_ (Please make payable to "FEA (CES)" or pay online)

\_\_\_\_\_ Completed and signed verifications of employment from current and previous employers verifying a minimum of 3 years out of the past 7 years of full-time equivalent work experience at a Qualified Escrow, Trust, or Intermediary Company as defined on page 3 of this application.

\_\_\_\_\_ Copy of unexpired driver's license or other unexpired federal or state identity document containing a photo

**Return completed application with payment to:**

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

**or by email to:**

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