

## *Appraisal Management Application Checklist*

Please ensure that all items are submitted, failure to include information will delay the processing of the application.

- Application signed and notarized
- Control Person Application (to be completed by each person that owns 10% or more of AMC) (Attachment A)
- Designation of Controlling Person form (Attachment B)
- Proof of \$20,000 Surety Bond
- Fee (\$350.00) made payable to the Missouri Real Estate Appraisers Commission
- Copy of current and active authorization to conduct business in Missouri from the Missouri Secretary of State
- Proof of fingerprint submission (i.e. receipt) for **ALL** controlling persons. (Instructions can be found online at <http://pr.mo.gov/appraisers-amc.asp>)

AMC Rules and Regulations may be found online at <http://pr.mo.gov/appraisers-amc.asp>



**APPRAISAL MANAGEMENT COMPANY APPLICATION**

Instructions: The Designated Controlling Person is responsible for completing this form. Please return the completed form and application fee of \$350.00 made payable to the Missouri Real Estate Appraisers Commission, 3605 Missouri Boulevard, Jefferson City, MO 65109.

1. COMPANY'S LEGAL NAME			
2. NAME UNDER WHICH COMPANY WILL DO BUSINESS IN MISSOURI			
4. MAIN ADDRESS OF COMPANY (STREET, CITY, STATE, ZIP CODE, COUNTY)			
P.O. BOX (IF APPLICABLE)		CITY, STATE, ZIP CODE	
TELEPHONE		EMAIL	
5. IF COMPANY IS DOMICILED IN MISSOURI, CONTACT INFORMATION FOR COMPANY'S AGENT FOR SERVICE OF PROCESS			
NAME			
STREET ADDRESS		COUNTY	
CITY, STATE, ZIP CODE			
TELEPHONE		FAX	EMAIL
6. NAME OF DESIGNATED CONTROLLING PERSON (FIRST, MIDDLE, LAST)			SOCIAL SECURITY NUMBER*
7. LEGAL STRUCTURE OF COMPANY			
<input type="checkbox"/> Domestic Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Foreign Corporation <input type="checkbox"/> Foreign <del>SSO/AAA</del> <input type="checkbox"/> <del>SSO/AAA</del> Other			
8. INDICATE BELOW IF YOU ARE REGISTERED AS AN APPRAISAL MANAGEMENT COMPANY IN ANY OTHER STATE			
STATE	LICENSE NUMBER	FROM (MONTH/YEAR)	TO (MONTH/YEAR)
STATE	LICENSE NUMBER	FROM (MONTH/YEAR)	TO (MONTH/YEAR)
STATE	LICENSE NUMBER	FROM (MONTH/YEAR)	TO (MONTH/YEAR)
9. Complete Attachment A: Control Person Application - To be completed by each person owning more than 10% of the appraisal management company			
10. Complete Attachment B: Designation of Controlling Person			
<b>11. REGARDING PROFESSIONAL LICENSES</b>			
(1) Has any owner listed in Attachment A of this application ever had an appraisal license refused, denied, or cancelled or revoked by the State of Missouri or any other state or territory? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>			
(2) Are there currently any allegations pending against any owner in connection with an appraiser license in the state of Missouri or any other state or territory? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>			
<i>If either of the answers is "yes", provide a copy of the licensing agencies order, any other documentation regarding the case and a complete written explanation for each matter.</i>			
<b>12. REGARDING CRIMINAL OFFENSES</b>			
(1) Has any owner listed in Attachment A of this application ever been convicted of or pled guilty or no contest to any criminal offense in the state of Missouri or any other state or territory? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>			
(2) Are there currently any criminal charges now pending against any owner listed in this application in Missouri or any other state or territory? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>			
<i>If either of the answers is "yes", provide a copy of the court judgement, arrest warrant or bill of indictment and include a release from probation or parole, if applicable.</i>			

“Criminal offenses” and “criminal charges” include all criminal matters except speeding and parking violations. It DOES include driving while under the influence of alcohol or drugs. If you believe a charge has been erased or expunged, you must check with the appropriate court before completing this section.

**ALL Controlling persons of the Company must provide criminal background check.**

13. LIST ANY OTHER NAMES UNDER WHICH YOU DO BUSINESS IN MISSOURI. ATTACH A COPY OF THE CERTIFICATE OF ASSUMED NAME FILED FOR EACH NAME WITH THE SECRETARY OF STATE'S OFFICE.

NAME	COUNTY
NAME	COUNTY

**14. CERTIFICATIONS**

I certify that this Appraisal Management Company has a system and process in place to verify that a person being added to the appraiser panel of the appraisal management company holds a license in good standing in this State.

I certify that this Appraisal Management Company has a system in place to review work of all independent appraisers that are performing real estate appraisal services for the appraisal management company on a periodic basis to validate that the real estate appraisal services are being conducted in accordance with the Uniform Standards of Professional Appraisal Practice.

I certify that this Appraisal Management Company maintains detailed records for each service request that it receives and the independent appraiser that performs the residential real estate services for the appraisal management company.

I certify that the Appraisal Management Company has reviewed each person or entity that owns more than 10% of the AMC and that no person or entity that owns more than 10% of the AMC is more than 10% owned by any person who has had a license or certificate to act as an appraiser refused, denied, cancelled, revoked, or surrendered in lieu of a pending revocation in Missouri or in any other state.

The undersigned, in making application to the Missouri Real Estate Appraisers Commission for registration as an Appraisal Management Company under the provisions of 339.500 through 339.549 affirms that he/she has been designated by the Appraisal Management Company to make this application on their behalf, and that all information provided in connection with this application, the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Commission.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	APPLICANT SIGNATURE ▶	APPLICANT PRINTED NAME
	NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

**USE RUBBER STAMP IN CLEAR AREA BELOW.**

\*You must provide you social security number pursuant to state law. Your social security number may be used for the following purposes: (a to identify you in record keeping and information exchanges with state agencies (Missouri and other states), federal agencies and other data sources; b) to make criminal history checks and to verify all information provided in the application; and c) to the Division of Child Support Enforcement of the Department of Social Services (see attachment). Discovery of false information in the application or discovery of relevant criminal history may result in denial of your application.



**APPRAISAL MANAGEMENT COMPANY SURETY BOND**

BOND NUMBER

That \_\_\_\_\_,  
\_\_\_\_\_ as principal,  
and the \_\_\_\_\_, a corporation duly  
organized and existing under the laws of \_\_\_\_\_ and authorized to transact a surety  
business in Missouri, as a surety, are held and firmly bound unto the Missouri Real Estate Appraisers  
Commission, for the use of the Commission or any person or persons who may have a cause of action  
against the principal, in the penal sum of \$20,000, lawful money of the United States, for the payment of  
which we bind ourselves, our heirs, executors, administrators, successors, and assigns jointly and  
severally, firmly these presents.

The condition of this obligation is such that the above named principal has applied to the Missouri Real  
Estate Appraisers Commission for carrying on the business of an appraisal management company within  
the State of Missouri as required in sections 339.500 through 339.549, RSMo, to furnish a bond in the  
sum of \$20,000 to cover the operation of the business during each biennial registration period.

Now therefore, the conditions of the foregoing obligation are that said principal with regard to all work  
done by the principal, an appraisal management company, as defined in section 339.500, RSMo,  
complies with all provisions of state statutes and regulations promulgated thereunder, pays all amounts  
that may be due and owing against the principal by reasons of failing to comply with sections 339.500  
through 339.549, RSMo and regulations promulgated thereunder, then this obligation shall be void.  
Otherwise this will remain in full force and effect.

This bond is for the exclusive purpose of amounts owing to persons who perform real estate appraisal  
activity and court judgments filed with the Commission for real estate appraisal activity or appraisal  
management services that violate sections 339.500 to 339.549, or breach of contract in performing real  
estate appraisal activity or appraisal management services by an appraisal management company that  
violate sections 339.500 through 339.549, RSMo.

This bond may be canceled by the surety and the surety is relieved of further liability hereunder by giving  
60 days written notice to the principal and to the Missouri Real Estate Appraisers Commission.

This bond shall be one continuing obligation, and the liability of the surety for the aggregate of any all  
claims that may arise hereunder shall in no event exceed the amount of this bond. The surety will give  
notice of the principal and the Commission upon any payment or a loss under this bond.

IN WITNESS WHEREOF, we have duly executed the foregoing obligation this \_\_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_\_, to be effective on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

PRINCIPAL	
BY	TITLE
SIGNATURE	
SURETY	
BY	TITLE
SIGNATURE	



**DESIGNATION OF CONTROLLING PERSON**

An AMC must designate one person as the Designated Controlling Person. The Designated Controlling Person shall be a certified real estate appraiser on active status and in good standing in Missouri or any other state. The Designated Controlling Person is responsible for ensuring that the AMC operates in compliance with state law.

Designation of the Designated Controlling Person must be made on this form. All items must be completed. If any items is not applicable, indicate "N/A". This application must be completed by the proposed Designated Controlling Person.

AMC NAME \_\_\_\_\_

**DESIGNATED CONTROLLING PERSON INFORMATION**

FULL NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER*	DATE OF BIRTH
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MAILING ADDRESS (STREET, CITY, STATE ZIP CODE) \_\_\_\_\_

EMAIL ADDRESS	TELEPHONE	FAX
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**APPRAISAL CERTIFICATION(S)**

STATE	LICENSE NO.	<input type="checkbox"/> Certified Residential <input type="checkbox"/> General
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STATE	LICENSE NO.	<input type="checkbox"/> Certified Residential <input type="checkbox"/> General
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**REGARDING APPRAISER CERTIFICATION**

Have you ever had any disciplinary action taken against your appraiser certificate in Missouri or any other state or territory?       YES     NO

Are there currently any charges, pending complaints, etc. against you in connection with your appraiser certificate in Missouri or any other state or territory?       YES     NO

*If any of these answers are "yes", provide a copy of the licensing agency order as well as any other documentation regarding the case. You must also provide a complete written explanation regarding the matter.*

**REGARDING CRIMINAL OFFENSES**

Have you ever been convicted of a felony?       YES     NO

Within the past 5 years, have you been convicted of a misdemeanor?       YES     NO

Are there currently any criminal charges pending against you in Missouri or any other state or territory?       YES     NO

*If any of these answers are "yes", provide a copy of the court judgment, arrest warrant or bill of indictment. Include a release from probation or parole if applicable. You must also attach a complete written explanation regarding each charge or conviction.*

**"Criminal Charges" Do not include speeding or parking violations. They DO include driving while under the influence of alcohol or drugs. If you believe a charge has been erased from your record or expunged, you must check with the appropriate course to make sure this has happened.**

Have you ever been known by any other name(s)?       YES     NO

Other Names \_\_\_\_\_

**Designated controlling persons must provide a criminal background check.**

**SIGNATURE OF APPLICANT**

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand any omission or failure to make full disclosure constitutes grounds for denial or withdrawal of my designation of Designated Controlling Person.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	APPLICANT SIGNATURE ▶	APPLICANT PRINTED NAME
	NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

**USE RUBBER STAMP IN CLEAR AREA BELOW.**

\*You must provide you social security number pursuant to state law. Your social security number may be used for the following purposes: (a to identify you in record keeping and information exchanges with state agencies (Missouri and other states), federal agencies and other data sources; b) to make criminal history checks and to verify all information provided in the application; and c) to the Division of Child Support Enforcement of the Department of Social Services (see attachment). Discovery of false information in the application or discovery of relevant criminal history may result in denial of your application.



**CONTROL PERSON APPLICATION (OTHER THAN THE DESIGNATED CONTROLLING PERSON)**

Please complete a separate application for each control person (all persons owning more than 10% of the Appraisal Management Company.)

<b>CONTROL PERSON</b>		
NAME (FIRST, MIDDLE, LAST)		
DATE OF BIRTH	SOCIAL SECURITY NUMBER*	
ADDRESS (STREET, CITY, STATE ZIP CODE)		
TELEPHONE NUMBER	FAX	E-MAIL

**Each controlling person is required to have a background check completed as part of the application.**

Have you ever held an appraiser registration, license or certification in any jurisdiction other than Missouri?  YES  NO

Have you ever had a license or registration of any kind in appraisal, mortgage, real estate, or any other occupation or profession, denied, restricted, suspended, placed on probation or revoked?  YES  NO

Have you ever resigned, surrendered or allowed a professional registration, license or certificate to expire, while under investigation or while action was pending against you by a government agency?  YES  NO

Is any investigation or disciplinary action currently pending against you by any government agency?  YES  NO

Have you ever been convicted of, pled guilty or no contest to, or entered a plea in abeyance or diversion agreement to, a felony or misdemeanor in any jurisdiction? Consult court records to determine the nature of any offenses, including traffic offenses which may be felonies or misdemeanors?  YES  NO

Have you ever been on probation, or ordered to pay a fine or restitution or complete community service in connection with any criminal offense or licensing action?  YES  NO

Have you ever had a civil judgment entered against you based on fraud, misrepresentation or deceit?  YES  NO

Are you 18 years of age or older?  YES  NO

*Yes answers require a detailed letter of explanation and copies of all court documents including charging and judgment documents; court dockets and proof of completion of probation and restitution orders and payment of fines and judgments.*

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand any omission or failure to make full disclosure constitutes grounds for denial or withdrawal of my designation of a controlling person.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	APPLICANT SIGNATURE ▶	APPLICANT PRINTED NAME	
	NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
	NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

\*You must provide you social security number pursuant to state law. Your social security number may be used for the following purposes: (a to identify you in record keeping and information exchanges with state agencies (Missouri and other states), federal agencies and other data sources; b) to make criminal history checks and to verify all information provided in the application; and c) to the Division of Child Support Enforcement of the Department of Social Services (see attachment). Discovery of false information in the application or discovery of relevant criminal history may result in denial of your application.