ARIZONA DEPARTMENT OF FINANCIAL INSTITUTIONS

REAL ESTATE APPRAISAL DIVISION

Robert D. Charlton
Superintendent

Douglas A. Ducey
Governor

In accordance with Title II of the "Americans with Disabilities Act" this information is available in alternative format.

Appraisal Management Company Initial/Renewal Registration

AMC Registration shall be made under the business name of the applying Registrant. All separate business names will require separate and full registrations. An AMC must be registered prior to doing business in Arizona. Registered AMC's will be posted on the Division website at www.azdfi.gov.

Application Fee:

- ☐ Initial Registration Fee $2500 (valid one year)
- ☐ Renewal Registration Fee $2500 (valid two years)

Registration Number# _____ Expiration _____

Fees: Submit a cashier's check, certified check or money order payable to the Department of Financial Institutions. Do not send personal or business checks. Fees are nonrefundable.

Fingerprint Clearance Card:

Pursuant to A.R.S §32-3668/3669 Clearance Cards issued by the Arizona Department of Public Safety (DPS) will be required.

Application Information:

Registered Name: _____
(This name is on the registration certificate, website, and all mail)

Business Name: _____
(Full name including any DBA – This name needs to be on the bond as the Principal)

Controlling Person: _____ Business Phone: _____

Mailing Address: _____

City: _____State:_____County:_____Zip:_____

Email: _____ Website: _____ Fax Number: _____

NOTE: The information provided above may be posted on the Division's website. Correspondence will be via email.

Physical Address: _____

City: _____State:_____County:_____Zip:_____

Pursuant to A.R.S §32-3668/3669 each person listed below must obtain a valid fingerprint clearance card.

List each person who shall have an interest in the Appraisal Management Company as an Owner, Principal, Partner, Officer, Director or Trustee, specifying the capacity and title of each person.

List each individual/entity (including stockholders) who owns 10% or more of the appraisal management company. (if more space is needed please attach a separate addendum):

1) Name ☐ Mr. ☐ Ms.:_____
(First) (M.I.) (Last)
Capacity & Title:_____ Ownership_____%
Business Address:_____
*Residence Address:_____
Business Phone:_____ *Personal Cell Phone: _____
Business Email:_____ *Personal Email:_____
NMLS ID#:_____ Lic/Cert Real Property Appraiser#:_____State_____

2) Name ☐ Mr. ☐ Ms.: _____
(First) (M.I.) (Last)
Capacity & Title:_____ Ownership_____%
Business Address:_____
*Residence Address:_____
Business Phone:_____ *Personal Cell Phone: _____
Business Email:_____ *Personal Email:_____
NMLS ID#:_____ Lic/Cert Real Property Appraiser#:_____State_____

3) Name ☐ Mr. ☐ Ms.: _____
(First) (M.I.) (Last)
Capacity & Title:_____ Ownership_____%
Business Address:_____
*Residence Address:_____
Business Phone:_____ *Personal Cell Phone: _____
Business Email:_____ *Personal Email:_____
NMLS ID#:_____ Lic/Cert Real Property Appraiser#:_____State_____

4) Name ☐ Mr. ☐ Ms.: _____
(First) (M.I.) (Last)
Capacity & Title:_____ Ownership_____%
Business Address:_____
*Residence Address:_____
Business Phone:_____ *Personal Cell Phone: _____
Business Email:_____ *Personal Email:_____
NMLS ID#:_____ Lic/Cert Real Property Appraiser#:_____State_____

5) Name ☐ Mr. ☐ Ms.: _____
(First) (M.I.) (Last)
Capacity & Title:_____ Ownership_____%
Business Address:_____
*Residence Address:_____
Business Phone:_____ *Personal Cell Phone: _____
Business Email:_____ *Personal Email:_____
NMLS ID#:_____ Lic/Cert Real Property Appraiser#:_____State_____

* Residential addresses, personal cell phone numbers, and personal email addresses shall be maintained as confidential information by the Division.

Pursuant to A.R.S §32-3668/3669 each person listed below must obtain a valid fingerprint clearance card.

List the Controlling person:

Name ☐ Mr. ☐ Ms.:_____
(First) (M.I.) (Last)
Capacity & Title:_____ Ownership_____%
Business Address:_____
*Residence Address:_____
Business Phone:_____ *Personal Cell Phone: _____
Business Email:_____ *Personal Email:_____
NMLS ID#:_____ Lic/Cert Real Property Appraiser#:_____State_____

*Residential addresses, personal cell phone numbers, and personal email addresses shall be maintained as confidential information by the Division.

Pursuant to A.R.S. § 32-3662 & 32-3672 please provide contact information for all persons authorized by the Appraisal Management Company to select independent appraisers for real property services in this state (if more space is needed please attach a separate addendum):

1) Name ☐ Mr. or ☐ Ms.:_____
Business Address:_____
Business Phone:_____ Business Email:_____

2) Name ☐ Mr. or ☐ Ms.:_____
Business Address:_____
Business Phone:_____ Business Email:_____

3) Name ☐ Mr. or ☐ Ms.:_____
Business Address:_____
Business Phone:_____ Business Email:_____

4) Name ☐ Mr. or ☐ Ms.:_____
Business Address:_____
Business Phone:_____ Business Email:_____

5) Name ☐ Mr. or ☐ Ms.:_____
Business Address:_____
Business Phone:_____ Business Email:_____

6) Name ☐ Mr. or ☐ Ms.:_____
Business Address:_____
Business Phone:_____ Business Email:_____

7) Name ☐ Mr. or ☐ Ms.:_____
Business Address:_____
Business Phone:_____ Business Email:_____

8) Name ☐ Mr. or ☐ Ms.:_____
Business Address:_____
Business Phone:_____ Business Email:_____

CERTIFICATIONS BY CONTROLLING PERSON

I, _____ certify to the Division that I have been designated and duly authorized as the controlling person for the applicant/registrant (AMC), and that I have full knowledge of the applicant/registrant's (AMC) responsibilities upon becoming registered and have been officially delegated and do accept the authority to ensure the applicant/registrant's (AMC) compliance with the applicable state statutes and rules and:

a) I certify that the applicant/registrant (AMC) has a system in place to verify that all Arizona appraisers on its panel have a current and valid license or certificate in good standing issued by the Real Estate Appraisal Division of the Department of Financial Institutions.

b) That the applicant/registrant (AMC) has a system in place to review the work of all independent appraisers performing appraisal services for the Appraisal Management Company on a periodic basis to confirm that the Real Property Appraisal Services are being conducted in accordance with Uniform Standards of Professional Appraisal Practice.

c) That the applicant/registrant (AMC) shall keep a record of each request for appraisal services applicable to Arizona properties as well as the name of the appraiser performing the appraisal service and the fee paid to the appraiser.

d) That the applicant/registrant (AMC) has a system in place to train those who select individual appraisers for real property services in this state, to ensure that the selectors have appropriate training in placing appraisal assignments.

e) That the applicant/registrant (AMC) has no unpaid invoices or accounts payable to licensed or certified appraisers for services received that are over 45 days past due at the time of initial registration.

f) That the applicant/registrant (AMC) has a valid surety bond in the amount of $20,000 that meets the requirements of A.R.S. § 32-3667.

Please print name of Controlling Person _____,

If you answer "YES" to any question below, provide a signed, detailed statement describing the facts and circumstances, including the date and location of the incident or event. Please SUBMIT THE FOLLOWING*:* A. For CRIMINAL matters, a CERTIFIED copy of (1) Complaint and Indictment; (2) Information; (3) Plea agreement; (4) Presentence Report; (5) Judgment; (6) Sentencing documents: (7) Probation Papers; (8) Restoration of civil rights/expungement/dismissal documents. B. For CIVIL matters, a CERTIFIED copy of (1) Complaint; (2) Amended Complaint; (3) Judgment; (4) Satisfaction of Judgment; (5) Settlement Agreement. C. For DISCIPLINARY ACTIONS, a CERTIFIED copy of (1) Notice of hearing and/or complaint; (2) Answer; (3) Findings of Fact and Conclusions of Law; (4) Final Order/Administrative Ruling; (5) Consent or Settlement Agreement; (6) Certified Registered/License/Certificate History from each state, except Arizona, in which applicant/registrant is licensed/certified at the time of application. D. Provide any other documentation that the applicant/registrant believes supports the applicant/registrant's qualifications for registration/licensure/certification. E. Any additional documentation that the Division may require. Note: If you attempt to obtain the required documents and are told that records have been destroyed or are otherwise unavailable, obtain a written statement to that effect from the agency and court. *Do not detach or unstaple certified documents. Documents must remain in original order received.*

Please note that if you are completing a renewal application that the following questions are updates from your previous registration or renewal, whichever was later.

YES	NO		
____	____	1.	Has the AMC ever had any financial, appraisal, real estate or mortgage lending industry license or certificate issued by this state, or any other state, refused, denied, canceled, revoked or voluntarily surrendered? If so, provide a copy of the letter or order stating the reasons for the denial.
____	____	2.	Has the AMC ever been charged with, convicted of or pled nolo contendere (no contest) to a criminal offense in this or any other jurisdiction (i.e., locality) that resulted in a conviction or adverse judgment against you?
____	____	3.	Has the AMC ever been or is currently a defendant or respondent in any type of civil or criminal action involving appraisal(s), appraisal services, fraud, misrepresentation, or deceit in this or any other jurisdiction (i.e., locality) that resulted in a conviction or adverse judgment against you?
____	____	4.	Has the AMC after July 29, 2010, attempted to do business or held itself out as being entitled to do business as an AMC in this state, without being the holder of a valid, current Arizona certificate authorizing it to do so?
____	____	5.	Has the AMC ever been or is currently the subject of any complaint, investigation or disciplinary action against a license, certificate, registration, or membership by any state regulatory agency, or any professional or occupational credentialing authority in this or any other jurisdiction (i.e., locality) that resulted in an adverse judgment against you?

YES NO

____ ____ 6. Has the AMC ever voluntarily withdrawn, surrendered, allowed to lapse, canceled or resigned a license, certificate, registration or membership in lieu of disciplinary proceedings or sanctions of any kind by any state regulatory agency, or any professional or occupational credentialing authority in this or any other jurisdiction (i.e., locality)?

____ ____ 7. Has the AMC ever used, been known as or called by another name or alias other than the name disclosed on this application?

By signing below I attest that the above certifications are true and correct and I further understand that submitting false or misleading information to the Division may be grounds for disciplinary action.

_____ _____
(Print Name of Controlling Person) (Print Title of Controlling Person)

_____ _____
(Signature of Controlling Person) (Date)

Subscribed and sworn before me this _____ day of _____, 20____.

_____
(Notary Public Signature)

State of: _____

County of: _____

My Commission expires: _____

IRREVOCABLE CONSENT TO SERVICE OF PROCESS

(Must designate an agent in Arizona for consent to service of process)

By signing this application, I give my irrevocable consent that service of process on me may be made by delivery of the process to the Secretary of State if, in an action against the Appraisal Management Company in a court of this state arising out of its activities as a state registered Appraisal Management Company, the plaintiff cannot effect, in the exercise of due diligence, personal service on me.

_____
(Print Name of Agent for Service of Process – Must be in Arizona)

_____
(Print Mailing Address of Agent for Service of Process)

_____
(Print Business Address of Agent for Service of Process)

_____
(Agent's Phone #) (Agent's Fax #) (Agent's Email Address)

_____ _____
(Signature of Controlling Person) (Date)

Subscribed and sworn to before me this ____ day of _____, 20____.

_____
(Notary Public Signature)

State of: _____

County of: _____

My Commission expires: _____

Please make copies as needed to submit with registration application.

CERTIFICATIONS BY OWNER(S)/OFFICER(S)/CONTROLLING PERSON

Please print name of Owner/Officer/Controlling Person _____,

See first page of application for instructions on how to obtain an application for a valid Arizona Department of Public Safety (DPS) Clearance Card.

Fingerprint Clearance Card/ Application Status:

Application Number: _____ *(located upper right side of AZ DPS application form).*
OR
Previously issued Arizona DPS Level One Clearance Card #: _____ (*with at least two years remaining before the card expires).*

If you answer "YES" to any question below, provide a signed, detailed statement describing the facts and circumstances, including the date and location of the incident or event. Please SUBMIT THE FOLLOWING*:* A. For CRIMINAL matters, a CERTIFIED copy of (1) Complaint and Indictment; (2) Information; (3) Plea agreement; (4) Presentence Report; (5) Judgment; (6) Sentencing documents: (7) Probation Papers; (8) Restoration of civil rights/expungement/dismissal documents. B. For CIVIL matters, a CERTIFIED copy of (1) Complaint; (2) Amended Complaint; (3) Judgment; (4) Satisfaction of Judgment; (5) Settlement Agreement. C. For DISCIPLINARY ACTIONS, a CERTIFIED copy of (1) Notice of hearing and/or complaint; (2) Answer; (3) Findings of Fact and Conclusions of Law; (4) Final Order/Administrative Ruling; (5) Consent or Settlement Agreement; (6) Certified Registered/License/Certificate History from each state, except Arizona, in which applicant/registrant is registered/licensed/certified at the time of application. D. Provide any other documentation that the applicant/registrant believes supports the applicant/registrant's qualifications for registration/licensure/certification. E. Any additional documentation that the Division may require. Note: If you attempt to obtain the required documents and are told that records have been destroyed or are otherwise unavailable, obtain a written statement to that effect from the agency and court. *Do not detach or un-staple certified documents. Documents must remain in original order received.*

Please note that the following questions are updates from your previous registration or renewal, whichever was later.

YES	NO		
____	____	1.	Have you ever had any financial, appraisal, real estate or mortgage lending industry license or certificate issued by this state, or any other state, refused, denied, canceled, revoked or voluntarily surrendered? If so, provide a copy of the letter or order stating the reasons for the denial.
____	____	2.	Have you ever been charged with, convicted of or pled nolo contendere (no contest) to a criminal offense, other than a minor traffic violation (please note DUI's and/or being placed on probation should be reported), in this or any other jurisdiction (i.e., locality)? You must answer "YES" even if you received a pardon, the conviction was set aside, the records were expunged, your civil rights were restored, and whether or not a sentence was imposed or suspended.

YES	NO		
____	____	3.	Have you ever been named as a defendant or respondent in any type of civil or criminal action involving appraisal(s), appraisal services, fraud, misrepresentation, or deceit in this or any other jurisdiction (i.e., locality) that **resulted in a conviction or adverse judgment** against you?
____	____	4.	Have you, after June 18, 1990, attempted to do business or held yourself out as being entitled to do business as an appraiser in this state, without being the holder of a valid, current Arizona certificate or license authorizing you to do so?
____	____	5.	Have you ever been or are you currently the subject of any complaint, investigation or disciplinary action against a license, certificate, registration, or membership by any state regulatory agency, or any professional or occupational credentialing authority in this or any other jurisdiction (i.e., locality) that **resulted in an adverse judgment** against the you?
____	____	6.	Have you ever voluntarily withdrawn, surrendered, allowed to lapse, canceled or resigned a license, certificate, registration or membership in lieu of disciplinary proceedings or sanctions of any kind by any state regulatory agency, or any professional or occupational credentialing authority in this or any other jurisdiction (i.e., locality)?
____	____	7.	Have you ever used, been known as or called by another name or alias other than the name signed to this application? *(Examples: maiden name, prior married names, Jr., III etc.)*

By signing below I attest that the above certifications are true and correct and I further understand that submitting false or misleading information to the Division may be grounds for disciplinary action.

_____ _____
(Print Name of Owner/Officer) (Print Title of Owner/Officer)

_____ _____
(Signature of Owner/Officer) (Date)

Subscribed and sworn before me this _____ day of _____, 20____.

_____
(Notary Public Signature)

State of: _____

County of: _____

My Commission expires: _____

APPRAISAL MANAGEMENT COMPANY
Surety Bond $20,000

Submit this form with original signatures for proof of continuance.

Bond #_____

I _____ _____ of
(Print Name of authorized AMC signer) *(Print Title of authorized AMC signer)*

_____ as principal, and
(Business Name)

_____ _____
(Surety Name) *(Surety Phone #)*

_____, a corporation and duly
(Surety Address)

authorized to transact business as surety under the laws of the State of Arizona, as surety, are held firmly bound to the Department of Financial Institutions in the sum of Twenty Thousand Dollars ($20,000) for payment of which we bind ourselves, our heirs, successors, executors, and administrators, jointly and severally, all on the terms and conditions hereafter described. This bond shall be one continuing obligation, and the liability of the surety for the aggregate of any and all claims which may arise hereunder shall in no event exceed the amount of the penalty hereof.

WHEREAS, under the terms of A.R.S. § 32-3667, every Appraisal Management Company applicant must file with the Real Estate Appraisal Division of the Department of Financial Institutions for registration under A.R.S. § 32-3662 and

WHEREAS, a bond in this form must accompany such application,

NOW, therefore, upon the granting of registration to the Principal by the aforementioned Division, Principal is required to comply with all the terms of said Code, and all rules and regulations promulgated by the Real Estate Appraisal Division of the Department of Financial Institutions pursuant to the authority of said code.

The Principal shall not cancel this bond and agrees bond must be maintained at $20,000 after each draw down and remain in effect for one year after registration is terminated, cancelled, revoked, or otherwise ended. The Surety reserves the right to cancel the bond upon thirty days written notice to Principal and the Division.

IN WITNESS WHEREOF, the parties have executed this bond as of _____,
(Effective Date)

This _____ day of _____,20_____.

_____ _____
(Print AMC authorized signer name & title) *(Print Surety & Attorney-In-Fact Names)*

_____ _____
(Signature of AMC authorized signer) *(Attorney-in-Fact Signature)*
(Attach Original Power of Attorney)

MAIL ORIGINAL Bond/Cancellation NOTICE to:
Department of Financial Institutions
Real Estate Appraisal Division
2910 N. 44th Street, Suite 310
Phoenix, Arizona 85018

Attachment (submit only if applicable)

Please list the location of other branch offices operating under the same registered name at which the Appraisal Management Company will conduct business in this state.

1) Business Address: _____

City: _____ Zip:_____

2) Business Address: _____

City: _____ Zip:_____

3) Business Address: _____

City: _____ Zip:_____

4) Business Address: _____

City: _____ Zip:_____

5) Business Address: _____

City: _____ Zip:_____

6) Business Address: _____

City: _____ Zip:_____