



## ARIZONA BOARD OF APPRAISAL

1400 West Washington, Suite 360  
Phoenix, Arizona 85007  
(602) 542-1539 Fax (602) 542-1598  
Email: appraisal@appraisal.state.az.us  
Website: www.appraisal.state.az.us

### APPRAISAL MANAGEMENT COMPANY REGISTRATION FORM

AMC Registration shall be made under the business name of the applying Registrant. All separate business names will require separate and full registrations. As of July 29, 2010 no AMC will be allowed to conduct business in Arizona without being registered. Registered AMC names will be posted on the Board website at [www.appraisal.state.az.us](http://www.appraisal.state.az.us).

The application fee is (N/A at this time). Make certified check, cashier's check or money order payable to the Arizona Board of Appraisal. Do not send personal checks or business checks. Cash in the exact amount will be accepted if paid in person at the Board office. Fees are nonrefundable.

#### 1. Applicant/Registrant Information

Business Name: \_\_\_\_\_

Applicant/Registrant is: Sole Proprietor\_\_\_ Corp.\_\_\_\_ LLC\_\_\_ Other\_\_\_\_\_

Applicant/Registrant is: In State (Domestic)\_\_\_\_\_ Out of State (Foreign)\_\_\_\_\_

Physical address: \_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_  
(City) (State) (Zip)

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business Email: \_\_\_\_\_

Location of other Principal and Branch Offices operating under the same registered name at which the Appraisal Management Company will conduct business in this state (if more space is needed please attach a separate addendum):

Physical address: \_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_  
(City) (State) (Zip)

Physical address: \_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_  
(City) (State) (Zip)

**2. 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 (if more space is needed please attach a separate addendum):**

1) Name: \_\_\_\_\_  
Capacity & Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ \*Personal Cell Phone: \_\_\_\_\_  
Business Email: \_\_\_\_\_ \*Personal Email: \_\_\_\_\_

2) Name: \_\_\_\_\_  
Capacity & Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ \*Personal Cell Phone: \_\_\_\_\_  
Business Email: \_\_\_\_\_ \*Personal Email: \_\_\_\_\_

3) Name: \_\_\_\_\_  
Capacity & Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ \*Personal Cell Phone: \_\_\_\_\_  
Business Email: \_\_\_\_\_ \*Personal Email: \_\_\_\_\_

4) Name: \_\_\_\_\_  
Capacity & Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ \*Personal Cell Phone: \_\_\_\_\_  
Business Email: \_\_\_\_\_ \*Personal Email: \_\_\_\_\_

5) Name: \_\_\_\_\_  
Capacity & Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ \*Personal Cell Phone: \_\_\_\_\_  
Business Email: \_\_\_\_\_ \*Personal Email: \_\_\_\_\_

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

**3. List each person who owns, is an officer of or has a financial interest of 20% or more, including stockholders, in the AMC (if more space is needed please attach a separate addendum).**

1) Name: \_\_\_\_\_  
Capacity & Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
\*Residence Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ \*Personal Cell Phone: \_\_\_\_\_  
Business Email: \_\_\_\_\_ \* Personal Email: \_\_\_\_\_

2) Name: \_\_\_\_\_  
Capacity & Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
\*Residence Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ \*Personal Cell Phone: \_\_\_\_\_  
Business Email: \_\_\_\_\_ \* Personal Email: \_\_\_\_\_

3) Name: \_\_\_\_\_  
Capacity & Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
\*Residence Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ \*Personal Cell Phone: \_\_\_\_\_  
Business Email: \_\_\_\_\_ \* Personal Email: \_\_\_\_\_

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

**NOTE:** Each person who owns, is an officer of, or has a financial interest of 20% or more, including stockholders, in an appraisal management company applying for registration in this state shall submit to a background investigation (investigation shall include DPS, FBI, and State professional licensing agencies). Each person must complete a finger print card from the Board of Appraisal office. Please carefully read the fingerprint card instructions below.

**FINGERPRINT CARD INSTRUCTIONS:** Submit a fingerprint card completed by a fingerprint technician (Fingerprinting agencies are listed in the local phone directory), along with a separate CASHIER'S CHECK, CERTIFIED CHECK or MONEY ORDER for each card submitted, in the amount of \$24.00 payable to DPS. Cash will not be accepted. Do not fold or staple the fingerprint card. To obtain a fingerprint card, pick one up in the Board office or send a **9" x 12" self-addressed envelope** to the Board office. The fingerprint card received from the Board office must be the card used for fingerprints because it has specific agency data preprinted on it. It can take 2-3 weeks to receive fingerprint results from the FBI.

The Board may issue registrations prior to receipt of background check results. Registrations issued prior to receipt of background results will be made only if the applicants certify that no negative information exists. Background checks returning negative information subsequent to certification may result in disciplinary action by the Board.

#### 4. List the Controlling person

Controlling Person's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ \* Personal Cell Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_ \* Personal Email: \_\_\_\_\_

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

**NOTE:** Pursuant to A.R.S. § 32-3669 (B)(3) the controlling person shall submit to a background investigation (investigation shall include DPS, FBI, and State professional licensing agencies). The controlling person must complete a fingerprint card from the Board of Appraisal office. Please carefully read the fingerprint card instructions below.

**FINGERPRINT CARD:** Submit a fingerprint card completed by a fingerprint technician (Fingerprinting agencies are listed in the local phone directory), along with a separate CASHIER'S CHECK, CERTIFIED CHECK or MONEY ORDER for each card submitted, in the amount of \$24.00 payable to DPS. Cash will not be accepted. Do not fold or staple the fingerprint card. To obtain a fingerprint card, pick one up in the Board office or send a **9" x 12" self-addressed envelope** to the Board office. The fingerprint card received from the Board office must be the card used for fingerprints because it has specific agency data preprinted on it. It can take 2-3 weeks to receive fingerprint results from the FBI.

The Board may issue registrations prior to receipt of background check results. Registrations issued prior to receipt of background results will be made only if the applicants certify that no negative information exists. Background checks returning negative information subsequent to certification may result in disciplinary action by the Board.

**5. 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: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

2) Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

3) Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

4) Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

5) Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

6) Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

7) Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

8) Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

9) Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

10) Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

## CERTIFICATIONS BY APPLICANT/REGISTRANT

I, \_\_\_\_\_, the undersigned, a duly authorized representative of the above named applicant/registrant for registration in Arizona do hereby certify to the following:

- 1) That the applicant/registrant 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 Arizona Board of Appraisal.
- 2) That the applicant/registrant has a system in place to review the work of all independent appraisers performing appraisal services for the Appraisal Management Company and that the services are conducted in conformity with the Uniform Standards of Professional Appraisal Practice. These reviews shall include, at a minimum, 5% of each appraiser's work annually and completed as Standard 3 Reviews by certified Arizona appraisers with geographic competency.
- 3) That the applicant/registrant 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. Such records shall be maintained according to Board requirements and made available to the Arizona Board of Appraisal upon written request by the Board.
- 4) That there is a controlling person and that individual has accepted the responsibilities as the controlling person who is also listed in this application and makes separate certifications.
- 5) That the applicant/registrant 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 making appraisal assignments.

- 6) That the applicant/registrant has no unpaid invoices or accounts payable to Arizona licensed or certified appraisers for services received that are over 45 days past due at the time of initial registration.
- 7) That the applicant/registrant has a valid surety bond in the amount of \$20,000 that meets the requirements of A.R.S. § 32-3667.

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 Board may be grounds for disciplinary action.

\_\_\_\_\_  
(Print Name of Applicant/Registrant)

\_\_\_\_\_  
(Print Title of Applicant/Registrant)

\_\_\_\_\_  
(Signature of Applicant/Registrant)

\_\_\_\_\_  
(Date)

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public Signature)

State of: \_\_\_\_\_

County of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

## CERTIFICATIONS BY CONTROLLING PERSON

I, \_\_\_\_\_ certify to the Board that I have been designated and duly authorized as the controlling person for the above named applicant/registrant, and that I have full knowledge of the applicant/registrant's responsibilities upon becoming registered and have been officially delegated and do accept the authority to ensure the applicant/registrant's compliance with the applicable state statutes and Rules and that:

- 1) That the applicant/registrant 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 Arizona Board of Appraisal.
- 2) That the applicant/registrant has a system in place to review the work of all independent appraisers performing appraisal services for the Appraisal Management Company and that the services are conducted in conformity with the Uniform Standards of Professional Appraisal Practice. These reviews shall include, at a minimum, 5% of each appraiser's work annually and completed as Standard 3 Reviews by certified Arizona appraisers with geographic competency.
- 3) That the applicant/registrant 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. Such records shall be maintained according to R4-46-702 and made available to the Arizona Board of Appraisal upon written request by the Board.
- 4) That the applicant/registrant 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.
- 5) That the applicant/registrant has no unpaid invoices or accounts payable to Arizona licensed or certified appraisers for services received that are over 45 days past due at the time of initial registration.

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

**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 Board 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.**

**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, 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.**
- \_\_\_\_\_   \_\_\_\_\_   3.   Have you ever been or are you 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)?
- \_\_\_\_\_   \_\_\_\_\_   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?

**YES**    **NO**

- \_\_\_\_\_ 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 board, or any professional or occupational credentialing authority in this or any other jurisdiction (i.e., locality)? **You must identify all complaints ever filed against you, pending or complete, including those filed with this Board. Even if a complaint against you was dismissed, you must answer "YES" and include an explanation.**
- \_\_\_\_\_ 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 board, 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?

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 Board 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 FOR CONTROLLING PERSON (FOR OUT OF STATE APPLICANT/REGISTRANTS ONLY)**

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 Controlling Person)

\_\_\_\_\_  
(Print Title of Controlling Person)

\_\_\_\_\_  
(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: \_\_\_\_\_

## CERTIFICATIONS BY OWNER(S)/OFFICERS

Please print name of Owner/Officer \_\_\_\_\_,  
(if more than one Owner/Officer, please make copies of these pages to submit with registration application)

**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 Board 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.**

**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, 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.**
- \_\_\_\_\_            3.   Have you ever been or are you 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)?
- \_\_\_\_\_            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?

**YES**    **NO**

- \_\_\_\_\_ 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 board, or any professional or occupational credentialing authority in this or any other jurisdiction (i.e., locality)? **You must identify all complaints ever filed against you, pending or complete, including those filed with this Board. Even if a complaint against you was dismissed, you must answer "YES" and include an explanation.**
- \_\_\_\_\_ 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 board, 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?

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 Board 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: \_\_\_\_\_

