



STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS

P.O. Box 2649
Harrisburg, PA 17105-2649

Courier Address:
2601 North Third Street
Harrisburg PA 17110

Telephone: 717-783-4866
Fax: 717-705-5540
E-mail: st-appraise@pa.gov
Website: www.dos.pa.gov/real

APPRAISAL MANAGEMENT COMPANY CHANGE OF OWNER APPLICATION

FOLLOW INSTRUCTIONS BELOW AND SUBMIT ALL REQUIRED DOCUMENTS

Make sure this is the most recent application by checking the Board's website at www.dos.pa.gov/real

If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the board shall require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.

BACKGROUND CHECK:

Compliance Person, Key Person, and Owner must submit a request for a criminal record from the state police or equivalent law enforcement agency in the state or jurisdiction in which the individual has resided for the ten year period immediately preceding the date of application. The report returned by the State Police or equivalent agencies shall be attached to your application and dated within 90 days of the date this application is received in the Board office.

1. The background check must contain each individual's date of birth and social security number.
2. The background check must either state "No Record" or "Record Exists". Background checks that reflect "Pending" "Under Review," or "Under Request" will not be accepted. Questions regarding the status of a background check must be directed to the Pennsylvania State Police or the equivalent agency receiving the request for criminal record check.
If "Record Exists"— applicant must submit true and correct copies of the following for EACH criminal matter:
 - A. The conviction summary information provided by the State Police or equivalent agency;
 - B. Copies of criminal complaint, affidavit of probable cause and sentencing order;
 - C. Letter from Probation Officer, Correctional Officer or other person responsible for supervision of the defendant, dated within 90 days, indicating current probationary status and completion date.
 - D. Detailed description (in applicant's words) of the circumstances surrounding the conviction, the basis for the conviction and the disposition of the conviction.

In addition, the applicant may, but is not required, to provide evidence in support of his application, such as, age at the time of conviction, or release from sentence; evidence that the applicant performed the same type of work, post-conviction, with the same or a different employer, with no known incidents of criminal or disciplinary conduct; the length and consistency of employment history before and after the offense or conduct; rehabilitation efforts, e.g., education/training; employment or character references and any other information regarding fitness for the particular position; and whether the individual is bonded under a federal, state, or local bonding program.

****If the required documents are not available, please provide an original letter on business letterhead, from the proper authority confirming documents are not available. The letter must be signed and dated within 90 days of receipt in the Board office.**

1. Pennsylvania background checks may be obtained at: <https://epatch.state.pa.us> or from the Pennsylvania State Police Central Repository, 1800 Elmerton Ave, Harrisburg, PA 17110-9758, (717) 783-5593.
2. If you reside outside the state of Pennsylvania, you must obtain a background check from the State Police in that state.
3. For applicants residing in California and/or Arizona: Due to the laws of these states, the Board is not an eligible recipient a Criminal History Records Check ("CHRC") from California, Ohio and/or Arizona. Please go to <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks> and obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check in lieu of obtaining a CHRC from California, Ohio and/or Arizona.

✓	APPLICATION CHECKLIST
	\$35.00 Application fee
	Background check for new owner person
	True and Correct copies of conviction(s)
	Maintain a copy of your application for your records



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FEE: \$35.00 Non-refundable application fee. Check or money order made payable to the "Commonwealth of Pennsylvania." Fee is non-refundable, non-transferable and subject to change. \$20.00 charge for all checks returned "not paid" regardless of the reason for non-payment. If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the board shall require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.

AN OWNER INCLUDES A CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY, BUSINESS TRUST, OTHER ASSOCIATION, ESTATE, TRUST, FOUNDATION, OR NATURAL PERSON.

SECTION 1: APPRAISAL MANAGEMENT COMPANY INFORMATION

1. NAME OF APPRAISAL MANAGEMENT COMPANY			
2. APPRAISAL MANAGEMENT COMPANY REGISTRATION NUMBER			
3. APPRAISAL MANAGEMENT COMPANY MAILING ADDRESS	STREET		
	CITY	STATE	ZIP
4. APPRAISAL MANAGEMENT COMPANY STREET ADDRESS, IF DIFFERENT THAN MAILING ADDRESS	STREET		
	CITY	STATE	ZIP
5. CONTACT INFORMATION	TELEPHONE NUMBER:	EMAIL ADDRESS:	
6. NAME OF CURRENT OWNER			
7. DATE OF DISASSOCIATION OF CURRENT OWNER			
8. START DATE OF NEW OWNER			
9. PERCENTAGE OF SHARES OF NEW OWNER			

SECTION 2: NEW OWNER INFORMATION

IDENTIFY ALL OWNERS WHO OWN 10% OR MORE OF THE APPRAISAL MANAGEMENT COMPANY. AN OWNER INCLUDES A CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY, BUSINESS TRUST, OTHER ASSOCIATION, ESTATE, TRUST, FOUNDATION, OR NATURAL PERSON.

1. NAME OF NEW OWNER		
	FIRST	MIDDLE
	LAST	
2. NEW OWNER MAILING ADDRESS		
	STREET	
	CITY	STATE ZIP
3. STREET ADDRESS, IF DIFFERENT THAN MAILING ADDRESS		
	STREET	
	CITY	STATE ZIP
4. SOCIAL SECURITY NUMBER		
5. CONTACT INFORMATION	TELEPHONE NUMBER	EMAIL ADDRESS
6. TITLE OR TITLES HELD BY NEW OWNER		
7. DO YOU HOLD A CERTIFICATE OR LICENSE FOR THE PRACTICE OF REAL ESTATE APPRAISING IN THE COMMONWEALTH OF PENNSYLVANIA OR ANY OTHER JURISDICTION? IF YES, PROVIDE LETTER OF GOOD STANDING FROM EACH STATE. ALSO, LIST EACH STATE, ATTACH ADDITIONAL SHEET IF NECESSARY	YES _____ NO _____	
	LIST STATES:	

SECTION 3: DISCIPLINARY INFORMATION FOR NEW OWNER

IF ANY OF THE ANSWERS IS "YES" ATTACH A FULL EXPLANATION AND SUBMIT A CERTIFIED COPY OF ALL RELEVANT COURT AND/OR LEGAL DOCUMENTS.

ANSWER THE FOLLOWING	YES	NO
1. DO YOU HOLD, OR HAVE YOU EVER HELD, A LICENSE, CERTIFICATE, PERMIT, REGISTRATION OR OTHER AUTHORIZATION TO PRACTICE A PROFESSION OR OCCUPATION IN ANY STATE OR JURISDICTION?		
2. IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE PROVIDE THE PROFESSION AND STATE OR JURISDICTION. PLEASE DO NOT ABBREVIATE THE PROFESSION.		
3. HAVE YOU HAD DISCIPLINARY ACTION TAKEN AGAINST A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT, REGISTRATION OR OTHER AUTHORIZATION TO PRACTICE A PROFESSION OR OCCUPATION ISSUED TO YOU IN ANY STATE OR JURISDICTION OR HAVE YOU AGREED TO VOLUNTARY SURRENDER IN LIEU OF DISCIPLINE?		
4. DO YOU CURRENTLY HAVE ANY DISCIPLINARY CHARGES PENDING AGAINST YOUR PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION IN ANY STATE OR JURISDICTION?		
5. HAVE YOU WITHDRAWN AN APPLICATION FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION, HAD AN APPLICATION DENIED OR REFUSED, OR FOR DISCIPLINARY REASONS AGREED NOT TO APPLY OR REAPPLY FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION IN ANY STATE OR JURISDICTION?		
6. HAVE YOU BEEN CONVICTED, (FOUND GUILTY, PLED GUILTY OR PLED NOLO CONTENDERE), RECEIVED PROBATION WITHOUT VERDICT OR ACCELERATED REHABILITATIVE DISPOSITION (ARD), AS TO ANY CRIMINAL CHARGES, FELONY OR MISDEMEANOR, INCLUDING ANY DRUG LAW VIOLATIONS? NOTE: YOU ARE NOT REQUIRED TO DISCLOSE ANY ARD OR OTHER CRIMINAL MATTER THAT HAS BEEN EXPUNGED BY ORDER OF COURT.		
7. DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR JURISDICTION?		
8. HAS THE DEPARTMENT OF BANKING OR A COURT OF COMPETENT JURISDICTION FOUND YOU IN VIOLATION OF PROVISIONS OF 7 Pa. C.S. Ch. 61 (RELATING TO MORTGAGE LOAN INDUSTRY LICENSING AND CONSUMER PROTECTION) OR THE MORTGAGE BANKERS AND BROKERS AND CONSUMER EQUITY PROTECTION ACT?		
9. HAVE YOU BEEN ENJOINED BY A COURT OF COMPETENT JURISDICTION FROM ENGAGING IN OR CONTINUING ANY CONDUCT OR PRACTICE INVOLVING APPRAISAL MANAGEMENT SERVICES OR OPERATING AN APPRAISAL MANAGEMENT COMPANY?		

SECTION 4: CERTIFICATION STATEMENT FOR NEW OWNER

BY SIGNING BELOW, I VERIFY THAT THIS FORM IS IN THE ORIGINAL FORMAT AS SUPPLIED BY THE DEPARTMENT OF STATE AND HAS NOT BEEN ALTERED OR OTHERWISE MODIFIED IN ANY WAY. I AM AWARE OF THE CRIMINAL PENALTIES FOR TAMPERING WITH PUBLIC RECORDS OR INFORMATION PURSUANT TO 18 Pa. C. S. § 4911.

ADDITIONALLY, I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND THAT I AM OF GOOD MORAL CHARACTER. I UNDERSTAND THAT ANY FALSE STATEMENT MADE IS SUBJECT TO THE PENALTIES OF 18 Pa. C. S. § 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES AND MAY RESULT IN THE DENIAL, SUSPENSION OR REVOCATION OF THE REGISTRATION OF THE APPRAISAL MANAGEMENT COMPANY.

SOCIAL SECURITY STATEMENT:

IN ORDER TO COMPLY WITH FEDERAL LAW, THE STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS IS OBLIGATED TO INFORM EACH APPLICANT OR LICENSEE FROM WHOM IT REQUESTS A SOCIAL SECURITY NUMBER THAT DISCLOSING SUCH NUMBER IS MANDATORY IN ORDER FOR THIS BOARD TO COMPLY WITH THE REQUIREMENTS OF THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 Pa. C.S. § 4304.1(A). IN ORDER TO ENFORCE DOMESTIC SUPPORT ORDERS, AT THE REQUEST OF THE COMMONWEALTH'S DEPARTMENT OF HUMAN SERVICES (DHS), THE LICENSING BOARDS MUST PROVIDE TO DHS INFORMATION PRESCRIBED BY DHS ABOUT THE LICENSEE, INCLUDING THE SOCIAL SECURITY NUMBER.

NEW OWNER'S SIGNATURE _____ DATE _____

SECTION 5: CERTIFICATION STATEMENT FOR COMPLIANCE PERSON

I CERTIFY THAT I POSSESS THE AUTHORITY TO SUBMIT AND SIGN THIS APPLICATION AND TO EXECUTE THE CERTIFICATIONS AND VERIFICATIONS HEREIN.

BY SIGNING BELOW, I VERIFY THAT THE APPRAISAL MANAGEMENT COMPANY IS IN COMPLIANCE AND WILL CONTINUE TO COMPLY WITH REQUIREMENTS OF THE APPRAISAL MANAGEMENT CERTIFICATION REGISTRATION ACT AND THE BOARD'S REGULATIONS, THE PROVISIONS OF THE FINANCIAL INSTITUTIONS REFORM, RECOVERY AND ENFORCEMENT ACT OF 1989, AS AMENDED, (FIRREA), THE REAL ESTATE APPRAISER CERTIFICATION ACT (REACA), REAL ESTATE APPRAISAL REFORM AMENDMENTS (REARA) AND THE TRUTH IN LENDING ACT (TILA) THAT RELATE TO APPRAISAL STANDARDS OR APPRAISAL MANAGEMENT SERVICES.

I VERIFY THAT THIS FORM IS IN THE ORIGINAL FORMAT AS SUPPLIED BY THE DEPARTMENT OF STATE AND HAS NOT BEEN ALTERED OR OTHERWISE MODIFIED IN ANY WAY. I AM AWARE OF THE CRIMINAL PENALTIES FOR TAMPERING WITH PUBLIC RECORDS OR INFORMATION PURSUANT TO 18 Pa. C.S. § 4911.

ADDITIONALLY, I VERIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENT MADE IS SUBJECT TO THE PENALTIES OF 18 Pa. C.S. § 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES) AND MAY RESULT IN THE DENIAL, SUSPENSION OR REVOCATION OF THE REGISTRATION OF THE APPRAISAL MANAGEMENT COMPANY OR AUTHORIZATION TO ACT AS A COMPLIANCE PERSON.

SOCIAL SECURITY STATEMENT:

IN ORDER TO COMPLY WITH FEDERAL LAW, THE STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS IS OBLIGATED TO INFORM EACH APPLICANT OR LICENSEE FROM WHOM IT REQUESTS A SOCIAL SECURITY NUMBER THAT DISCLOSING SUCH NUMBER IS MANDATORY IN ORDER FOR THIS BOARD TO COMPLY WITH THE REQUIREMENTS OF THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 Pa. C.S. § 4304.1(A). IN ORDER TO ENFORCE DOMESTIC SUPPORT ORDERS, AT THE REQUEST OF THE COMMONWEALTH'S DEPARTMENT OF HUMAN SERVICES (DHS), THE LICENSING BOARDS MUST PROVIDE TO DHS INFORMATION PRESCRIBED BY DHS ABOUT THE LICENSEE, INCLUDING THE SOCIAL SECURITY NUMBER.

COMPLIANCE PERSON SIGNATURE: _____ DATE _____