



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 REGISTRATION 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
	Submit required application fee of \$2,000.00
	Background check for owner(s)
	Background check for compliance person(s)
	Background check for key person(s)
	True and correct copies of conviction(s)
	Authorization to Transact Business in this Commonwealth
	Surety bond or letter of credit in the amount of \$40,000.00 and in the form provided
	Maintain a copy of your application for your records



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APPLICATION FEE: \$2,000.00 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.

SECTION 1: APPLICANT INFORMATION

PLEASE PRINT OR TYPE

1. APPRAISAL MANAGEMENT COMPANY NAME	
2. MAILING ADDRESS	STREET
	CITY STATE ZIP
3. STREET ADDRESS, IF DIFFERENT FROM MAILING ADDRESS	STREET
	CITY STATE ZIP
4. CONTACT INFORMATION	TELEPHONE NUMBER
	EMAIL ADDRESS

SECTION 2: SECONDARY INFORMATION

1. STATE OR PLACE OF INCORPORATION OR ORGANIZATION	
2. IF NOT AN INDIVIDUAL AND INCORPORATED OR OTHERWISE FORMED UNDER THE LAWS OF A JURISDICTION OTHER THAN THE COMMONWEALTH OF PENNSYLVANIA, YOU MUST SUBMIT DOCUMENTATION THAT STATES YOU ARE AUTHORIZED TO TRANSACT BUSINESS IN THIS COMMONWEALTH BY CONTACTING THE PA CORPORATION BUREAU AT WWW.DOS.PA.GOV/CORPS	
3. FICTITIOUS NAME, IF ANY	
4. WEBSITE ADDRESS	
5. FAX NUMBER	
6. LIST EACH STATE OR JURISDICTIONS IN WHICH APPLICANT IS REGISTERED AS AN APPRAISAL MANAGEMENT COMPANY. ATTACH SEPARATE PAGE, IF NEEDED	
7. MONTH AND YEAR APPLICANT BEGAN OFFERING APPRAISAL MANAGEMENT SERVICES IN PENNSYLVANIA.	

SECTION 3: DISCIPLINARY INFORMATION FOR THE APPRAISAL MANAGEMENT COMPANY

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?		
10. HAVE YOU HAD ANY DISCIPLINE IMPOSED IN THIS COMMONWEALTH OR ANY OTHER JURISDICTION UNDER ANY LAW REGULATING APPRAISERS, APPRAISAL MANAGEMENT COMPANIES, OR REAL ESTATE BROKERS OR SALESPERSONS?		
11. HAVE YOU HAD ANY DISCIPLINE IMPOSED IN THIS COMMONWEALTH OR ANY OTHER JURISDICTION UNDER ANY LAW REGULATING MORTGAGE BROKERS OR SALESPERSONS, THE SALE OF SECURITIES, THE PRACTICE OF LAW OR THE PRACTICE OF ACCOUNTING?		

SECTION 4: CERTIFICATION STATEMENT

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 DENIAL, SUSPENSION OR REVOCATION OF THE REGISTRATION OF THE APPRAISAL MANAGEMENT COMPANY.

APPLICANT'S SIGNATURE _____ DATE _____

**Business fee exemption
for veteran-owned and reservist-owned small business
Act 135 of 2016 (51 Pa.C.S. §§ 9610-9611)**

Under Act 135 of 2016, veterans and reservists starting a small business in the Commonwealth are exempt from the payment of a business fee effective January 2, 2017.

A **business fee** is any fee required to be paid to the Commonwealth or a political subdivision for starting or opening a business within Pennsylvania. The term does not include a fee for maintaining licensure (i.e. licensure renewal) or other requirement for continuing to operate a business. A **small business** must be independently owned, not dominant in its field of operation and employ 100 or fewer employees. A **veteran- or reservist-owned small business** must be owned and controlled by a veteran or veterans/reservist or reservists. For businesses with multiple owners, at least 51% of the ownership interest must be held by veterans/reservists to claim the exemption.

A **veteran** is an individual who served in the United States Armed Forces, including a reserve component or the National Guard, and who was discharged or released from service under conditions other than dishonorable. A **reservist** is a member of a United States Armed Forces reserve component or National Guard.

For the Bureau of Professional and Occupational Affairs (BPOA), effective January 2, 2017, initial application fees may be waived for the following license types, which represent businesses regulated by the various BPOA boards and commissions, when submitted with proof of the veteran's or reservist's status and signed by the veteran or reservist:

- | | |
|---|--|
| Architecture Firms | Pharmacies |
| Barber Shops and Schools | Accountancy Firms |
| Cosmetology Salons and Schools | Real Estate Brokers and Cemetery Brokers |
| Esthetician Salons | Cemetery Companies |
| Nail Technology Salons | Real Estate Education Providers |
| Natural Hair Braiding Salons | Rental Listing Referral Agents |
| Funeral Entities | Appraisal Management Companies |
| Auction Companies | Trading Assistant Companies |
| Vehicle Auctions, Dealers, Distributors and Manufacturers | |

A veteran or reservist must provide the applicable Board with proof of the veteran's or reservist's status at the time the initial application is submitted. Such proof includes a legible photocopy of:

- A Federal DD-214 form
- A Federal NGB-22 form
- A valid Federal Veterans' Administration card or
- A valid Department of Defense-issued military identification card

Note: At this time, applications and proof of status documents submitted by a veteran or reservist seeking the fee exemption must be submitted by mail or personal delivery, as online applications cannot be processed without payment of the applicable fee.

[] Check box if claiming a Business fee exemption for veteran-owned and reservist-owned small business under Act 135 of 2016 (51 Pa.C.S. §§ 9610-9611)

Under Act 135 of 2016, veterans and reservists starting or opening a small business in the Commonwealth are exempt from the payment of a business fee effective January 2, 2017. Therefore, the board will waive the initial application fee for veteran- or reservist-owned small businesses as follows:

1. The veteran/reservist owner(s) must certify below that they are starting a small business in the Commonwealth. A **small business** must be independently owned, not dominant in its field of operation and employ 100 or fewer employees. The business must be owned AND controlled by a veteran or reservist. For businesses with multiple owners, at least 51% of the ownership interest must be held by veterans/reservists to claim the exemption.

2. The veteran/reservist owner(s) must attach proof of the veteran's or reservist's status at the time the initial application is submitted. Such proof includes a legible photocopy of:
 - A Federal DD-214 form
 - A Federal NGB-22 form
 - A valid Federal Veterans' Administration card or
 - A valid Department of Defense-issued military identification card

CERTIFICATION STATEMENT:

I hereby certify that I am applying for this license in order to start or open a small business in the Commonwealth of Pennsylvania as defined above, that I am a veteran or reservist as evidenced by the attached documentation, and that at least 51% of the ownership of the small business is veteran- or reservist-owned.

Signature of veteran/reservist applicant

Date

Printed name of veteran/reservist applicant

** Use additional sheets as necessary for each veteran/reservist owner

**PART TWO
APPRAISAL MANAGEMENT COMPANY
OWNER APPLICATION**

APPLICATION FOR ADDITIONAL OWNER MAY BE FOUND ON THE BOARD'S WEBSITE AT
WWW.DOS.PA.GOV/REAL

PLEASE PRINT OR TYPE

SECTION 1: IDENTIFY ALL OWNERS OF THE APPRAISAL MANAGEMENT COMPANY. AN OWNER INCLUDES A CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY, BUSINESS TRUST, OTHER ASSOCIATION, ESTATE, TRUST, FOUNDATION, OR NATURAL PERSON.

LIST THE PERCENTAGE OF OWNERSHIP? _____ IS COMPLIANCE PERSON SAME AS OWNER? YES OR NO

IF YES, YOU ONLY NEED TO SIGN SECTION 3 "VERIFICATION STATEMENT OF OWNER." NO NEED TO COMPLETE OWNER APPLICATION FORM. AFTER SIGNING THE OWNER VERIFICATION, PROCEED TO PART THREE OF THIS APPLICATION.

1. LEGAL NAME	
	FIRST MIDDLE
	LAST
2. 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 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:
8. IS THE COMPLIANCE PERSON AN OWNER OF THE APPRAISAL MANAGEMENT COMPANY?	YES _____ NO _____

SECTION 2: DISCIPLINARY INFORMATION FOR OWNER

IF ANY OF THE ANSWERS ARE "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?		
10. HAVE YOU HAD ANY DISCIPLINE IMPOSED IN THIS COMMONWEALTH OR ANY OTHER JURISDICTION UNDER ANY LAW REGULATING APPRAISERS, APPRAISAL MANAGEMENT COMPANIES, OR REAL ESTATE BROKERS OR SALESPERSONS?		
11. HAVE YOU HAD ANY DISCIPLINE IMPOSED IN THIS COMMONWEALTH OR ANY OTHER JURISDICTION UNDER ANY LAW REGULATING MORTGAGE BROKERS OR SALESPERSONS, THE SALE OF SECURITIES, THE PRACTICE OF LAW OR THE PRACTICE OF ACCOUNTING?		

SECTION 3: VERIFICATION STATEMENT FOR 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 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 AND ACTION TO RESTRICT OR PROHIBIT MY STATUS AS AN OWNER 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.

OWNERS SIGNATURE: _____ DATE: _____

**PART THREE
APPRAISAL MANAGEMENT COMPANY
KEY PERSON APPLICATION**

APPLICATION FOR ADDITIONAL KEY PERSON MAY BE FOUND ON THE BOARD'S WEBSITE AT
WWW.DOS.PA.GOV/REAL

IS KEY PERSON SAME AS OWNER? YES _____ NO _____

IS KEY PERSON SAME AS COMPLIANCE PERSON? YES _____ NO _____

IF YES TO EITHER QUESTION, YOU MUST ONLY SIGN SECTION 3 "VERIFICATION STATEMENT OF KEY PERSON"

SECTION 1: KEY PERSON INFORMATION

1. LEGAL NAME		
	FIRST	MIDDLE
	LAST	
2. 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 KEY PERSON		
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 2: DISCIPLINARY INFORMATION FOR KEY PERSON

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?		
10. HAVE YOU HAD ANY DISCIPLINE IMPOSED IN THIS COMMONWEALTH OR ANY OTHER JURISDICTION UNDER ANY LAW REGULATING APPRAISERS, APPRAISAL MANAGEMENT COMPANIES, OR REAL ESTATE BROKERS OR SALESPERSONS?		
11. HAVE YOU HAD ANY DISCIPLINE IMPOSED IN THIS COMMONWEALTH OR ANY OTHER JURISDICTION UNDER ANY LAW REGULATING MORTGAGE BROKERS OR SALESPERSONS, THE SALE OF SECURITIES, THE PRACTICE OF LAW OR THE PRACTICE OF ACCOUNTING?		

SECTION 3: VERIFICATION STATEMENT OF KEY PERSON

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 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 DENIAL, SUSPENSION OR REVOCATION OF THE REGISTRATION OF THE APPRAISAL MANAGEMENT COMPANY AND ACTION TO RESTRICT OR PROHIBIT MY STATUS AS A KEY PERSON WITH THE APPRAISAL MANAGEMENT COMPANY.

SOCIAL SECURITY STATEMENT: IN ORDER TO COMPLY WITH FEDERAL LAW, THE STATE BOARD OF CERTIFIED REAL ESTATE APPRAISER 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.

KEY PERSON SIGNATURE _____ DATE _____

**PART FOUR
APPRAISAL MANAGEMENT COMPANY
COMPLIANCE PERSON APPLICATION**

APPLICATION FOR ADDITIONAL COMPLIANCE PERSON MAY BE FOUND ON THE BOARD'S WEBSITE AT
WWW.DOS.PA.GOV/REAL

SECTION 1: COMPLIANCE PERSON INFORMATION

1. LEGAL NAME	
	FIRST MIDDLE
	LAST
2. MAILING ADDRESS	STREET
	CITY STATE ZIP
	CITY STATE ZIP
3. STREET ADDRESS, IF DIFFERENT THAN MAILING ADDRESS	STREET
	CITY STATE ZIP
	CITY STATE ZIP
4. SOCIAL SECURITY NUMBER	
5. CONTACT INFORMATION	TELEPHONE NUMBER
	EMAIL ADDRESS
6. TITLE OR TITLES HELD BY COMPLIANCE PERSON	
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:
8. IS THE COMPLIANCE PERSON AN OWNER OF THE APPRAISAL MANAGEMENT COMPANY?	YES _____ NO _____

SECTION 2: DISCIPLINARY INFORMATION FOR COMPLIANCE PERSON

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?		
10. HAVE YOU HAD ANY DISCIPLINE IMPOSED IN THIS COMMONWEALTH OR ANY OTHER JURISDICTION UNDER ANY LAW REGULATING APPRAISERS, APPRAISAL MANAGEMENT COMPANIES, OR REAL ESTATE BROKERS OR SALESPERSONS?		
11. HAVE YOU HAD ANY DISCIPLINE IMPOSED IN THIS COMMONWEALTH OR ANY OTHER JURISDICTION UNDER ANY LAW REGULATING MORTGAGE BROKERS OR SALESPERSONS, THE SALE OF SECURITIES, THE PRACTICE OF LAW OR THE PRACTICE OF ACCOUNTING?		

SECTION 3: APPRAISAL MANAGEMENT COMPANY CERTIFICATIONS

COMPLIANCE PERSON INITIALS ARE REQUIRED IN ANSWER BLOCK	YES	NO
1. DOES THE APPLICANT HAVE A SYSTEM IN PLACE TO VERIFY THAT A PERSON BEING ADDED TO AN APPRAISER PANEL OF THE APPLICANT OR WHO WILL OTHERWISE PERFORM APPRAISALS FOR THE APPLICANT OF A PROPERTY LOCATED IN THIS COMMONWEALTH IS A CERTIFIED APPRAISER AND IN GOOD STANDING IN THIS COMMONWEALTH?		
2. DOES THE APPLICANT HAVE A SYSTEM IN PLACE FOR THE PERFORMANCE OF APPRAISAL REVIEWS WITH RESPECT TO THE WORK OF ALL APPRAISERS THAT ARE PERFORMING APPRAISALS FOR THE APPLICANT OF A PROPERTY LOCATED IN THIS COMMONWEALTH TO DETERMINE WHETHER THE APPRAISALS ARE BEING CONDUCTED IN CONFORMANCE WITH THE MINIMUM STANDARDS UNDER REACA ON A PERIODIC BASIS AND UPON REQUEST OF A CLIENT?		
3. DOES THE APPLICANT HAVE A SYSTEM IN PLACE TO COMPLY WITH THE RECORD KEEPING REQUIREMENTS UNDER THE APPRAISAL MANAGEMENT COMPANY REGISTRATION ACT (ACT) AND CORRESPONDING REGULATIONS?		
4. THE APPLICANT HAS AUTHORIZED THE COMPLIANCE PERSON TO FILE THE APPLICATION AND VERIFY THE CONTENTS OF THE APPLICATION SUBJECT TO THE PENALTIES OF 18 Pa.C.S. § 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES) AND 18 Pa. C.S. § 4911 (RELATING TO TAMPERING WITH PUBLIC RECORDS).		

SECTION 4: 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 _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105-2649
717-783-4866

BOND # _____

BOND

KNOW ALL PERSONS BY THESE PRESENTS, that the application

FOR _____, with business located at:
Name of Appraisal Management Company

Street

City

State

Zip Code

as PRINCIPAL, and _____ with a Certificate of Authority from the
Name of Surety Company

Pennsylvania Department of Insurance and located at:

Street

City

State

Zip Code

as SURETY, are held firmly bound unto the Commonwealth of Pennsylvania in the sum of \$40,000 (Forty Thousand Dollars) lawful money of the United States of America, to be made payable to the said Commonwealth, for the use of the Commonwealth, its attorney or assigns, or any person or persons who may have a cause of action under the Appraisal Management Company Registration Act to which payment will and truly to be made, we do hereby bind ourselves, jointly and severally our heirs, executors, administrators, successors and assigns firmly by these presents. This agreement will continue in full force, virtue, and effect until written notification of cancellation by surety. The aggregate liability of the surety shall not exceed the principal sum of the Bond. The amount of the bond shall be restored to the full amount required within 15 days after the payment of any claim on the bond.

SIGNED, SEALED AND DELIVERED THIS _____ DAY OF _____ 20 _____

WHEREAS, the above-bounded Principal desires to operate or conduct the business of

Appraisal Management Company

within the Commonwealth in accordance with the provisions of the Appraisal Management Company Registration Act and the rules and regulations adopted under and pursuant thereto.

NOW, THEREFORE, the condition of this obligation is such that if upon and after issuance of such registration the above-bounded Principal shall fully and faithfully observe the provisions of all the laws of this Commonwealth and the rules and regulations promulgated by the State Board of Certified Real Estate Appraisers as a registrant then this obligation shall be void; otherwise, it shall remain in full force, virtue, and effect. And, the obligors, jointly and severally, for themselves, their heirs, executors, administrators, successors and assigns, do agree with the Commonwealth that upon violation of the said Act, and the rules and regulations promulgated by the State Board of Certified Real Estate Appraisers, or the applicable rules and regulations of the Department or Board or Commission of the Commonwealth thereunder or of any laws of this Commonwealth, and upon the revocation of the registration and upon forfeiture of the bond, aforesaid, or upon the recovery of a judgment and in execution of that judgment on the bond for any such violation during the continuance of such registration, the full amount of this bond shall be due and payable.

Surety, by executing and issuing this bond, agrees that Surety is a bonding company or insurance company authorized to do business in the State of Pennsylvania; that the Pennsylvania State Board of Certified Real Estate Appraisers will be notified in writing by Surety at least 30 days prior to Surety terminating this bond or Surety becoming disqualified to do business in this State for any reason; and that this bond may not be otherwise revoked or terminated.

INDIVIDUAL

SIGNATURE OF PRINCIPAL

**INDIVIDUAL/ASSOCIATION/CORPORATION/
PARTNERSHIP**

NAME OF BUSINESS

BY _____
NAME OF OFFICER

BY _____
NAME AND TITLE OF COMPLIANCE PERSON

SURETY:

NAME OF SURETY COMPANY

STREET ADDRESS OF ATTORNEY- IN- FACT

CITY STATE ZIP CODE

WITNESS

WITNESS

SIGNATURE OF OFFICER

SIGNATURE OF COMPLIANCE PERSON

SIGNATURE OF SURETY

(BUSINESS SEAL)

NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS COMPANY CODE: _____

CERTIFIED COPY OF POWER OF ATTORNEY NOMINATING, CONSTITUTING AND APPOINTING SAID ATTORNEY-IN-FACT FOR SAID CORPORATE SURETY MUST BE ATTACHED HERETO. DATE OF SAID CERTIFICATION AND DATE OF EXECUTION OF BOND MUST AGREE.

CONSENT OF NONRESIDENT REGISTRANT

Whereas, the Appraisal Management Company Registration Act in the Commonwealth of Pennsylvania requires that a nonresident registrant of the State Board of Certified Real Estate Appraisers files a consent that suits and other legal actions may be commenced against a registrant in the proper court of any county of the Commonwealth in which a cause of action may arise or in which a plaintiff may reside.

Now witnesseth, that the undersigned _____

Name of Applicant

of _____

Street

City

State

Zip Code

an _____, hereby consents to the commencement of suits and other legal actions

Type of Registration

against the registrant in and county of the Commonwealth in which a cause of action may arise or in which a plaintiff may reside by service of any process of pleading authorized by the laws of the Commonwealth or the Secretary of the Commonwealth of Pennsylvania; and

That the undersigned stipulates and agrees that service of process or pleading as aforesaid on the Secretary of the Commonwealth, shall be taken and held in all courts to be as valid and binding as if due service had been made upon the undersigned within the Commonwealth of Pennsylvania; and

That the undersigned intends that this consent shall be and hereby is irrevocable.

Signature of Compliance Person: _____



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 NATIONAL REGISTRY APPLICATION

Pursuant to Title XI of the Financial Institutions Reform, Recovery, and Enforcement Act of 1989 (Title XI), as amended by the Dodd-Frank Wall Street Reform and Consumer Protection Act (Dodd-Frank), the State Board of Certified Real Estate Appraisers (Board) is required to collect and transmit Appraisal Management Company (AMC) annual registry fees. See 12 U.S.C. 3338.

Only those AMCs that meet the Federal definition of an AMC are eligible for registration on the AMC National Registry, which is maintained by the Appraisal Subcommittee of the Federal Financial Institutions Examination Council. For the purposes of determining whether an AMC meets the federal definition of an AMC, please review the applicable federal laws and regulations. In general, an AMC meets the federal definition if it is a person (natural person or an organization, including a corporation) that:

- Provides appraisal management services to creditors or to secondary mortgage market participants, including affiliates;
- Provides such services in connection with valuing a consumer's principal dwelling as security for a consumer credit transaction or incorporating such transactions into securitizations; and
- Within a given 12-month period oversees an appraiser panel of more than 15 State-certified or State-licensed appraisers in a State or 25 or more State-certified or State-licensed appraisers in two or more States.

An AMC does not include a department or division of an entity that provides appraisal management services only to that entity.

All AMCs, including Federally regulated AMCs (Exempt Companies) and AMCs that do not meet the Federal definition of an AMC, must submit this application annually. To ensure timely listing on the AMC National Registry, applications should be submitted at least 15 days prior to June 30, 2019. For clarification of federal requirements and definitions, AMCs should review Title XI, *The AMC Final Rule* (80 FR 32658, June 9, 2015), and *The Final Rule on the Collection and Transmission of Annual AMC Registry Fees* (82 FR 44493, September 25, 2017), which can be accessed at: <https://www.federalregister.gov/>. The Appraisal Management Company Registration Act and Board regulations regarding AMC National Registry and reporting (49 Pa. Code § 36.438) may be accessed on the Board's website at: www.dos.pa.gov/real



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

SECTION 1: AMC NATIONAL REGISTRY INFORMATION

APPRAISAL MANAGEMENT COMPANY NAME:	
FICTITIOUS NAME, IF ANY:	
EMPLOYER IDENTIFICATION NUMBER (EIN):	
REGISTRATION NUMBER:	
REGISTRATION DATE:	EFFECTIVE DATE: _____ EXPIRATION DATE: _____
MAILING ADDRESS:	STREET _____ CITY STATE ZIP
ADDRESS, IF DIFFERENT THAN MAILING ADDRESS:	STREET _____ CITY STATE ZIP
EMAIL ADDRESS:	
CONTACT NUMBERS:	TELEPHONE: _____ FAX: _____
WEBSITE ADDRESS:	

SECTION 2:

AMC NATIONAL REGISTRY ELIGIBILITY FOR JULY 1, 2019, THROUGH JUNE 30, 2020

<p>1. DOES APPLICANT MEET THE FEDERAL DEFINITION OF AN AMC AS DEFINED IN TITLE XI AND THE AMC FINAL RULE (80 FR 32658, JUNE 9, 2015) DURING THE PERIOD OF APRIL 1, 2018, THROUGH MARCH 31, 2019?</p> <p>*FOR INFORMATION REGARDING THE FEDERAL DEFINITION OF AN AMC, PLEASE SEE FEDERAL LAWS AND REGULATIONS ON PAGE 1.</p>	<p>_____ YES _____ NO</p>
<p>A. DID THE AMC OVERSEE AN APPRAISER PANEL OF MORE THAN 15 PENNSYLVANIA STATE CERTIFIED OR STATE LICENSED REAL ESTATE APPRAISERS DURING THE PERIOD OF APRIL 1, 2018, THROUGH MARCH 31, 2019?</p>	<p>_____ YES _____ NO</p>
<p>B. DID THE AMC OVERSEE AN APPRAISER PANEL OF 25 OR MORE STATE CERTIFIED OR STATE LICENSED APPRAISERS IN TWO OR MORE STATES DURING THE PERIOD OF APRIL 1, 2018, THROUGH MARCH 31, 2019?</p>	<p>_____ YES _____ NO</p>
<p>C. IS THE AMC OWNED IN WHOLE OR IN PART, DIRECTLY OR INDIRECTLY, BY ANY PERSON WHO HAS HAD AN APPRAISER LICENSE OR CERTIFICATE REFUSED, DENIED, CANCELLED, SURRENDED IN LIEU OF REVOCATION, OR REVOKED IN ANY STATE?</p>	<p>_____ YES _____ NO</p> <p>IF YOU ANSWERED "YES," ATTACH A FULL EXPLANATION AND SUBMIT A CERTIFIED COPY OF ALL RELEVANT COURT AND/OR LEGAL DOCUMENTS.</p>

SECTION 2 CONTINUED:

<p>2. DURING THE PERIOD OF APRIL 1, 2018, THROUGH MARCH 31, 2019, WAS THE AMC A FEDERALLY REGULATED AMC (EXEMPT COMPANY) PURSUANT TO 12 U.S.C. § 3353(C)?</p>	<p>_____ YES _____ NO</p>
<p>A. IS THE EXEMPT COMPANY OWNED IN WHOLE OR IN PART, DIRECTLY OR INDIRECTLY, BY ANY PERSON WHO HAS HAD AN APPRAISER LICENSE OR CERTIFICATE REFUSED, DENIED, CANCELLED, SURRENDED IN LIEU OF REVOCATION, OR REVOKED IN ANY STATE?</p>	<p>_____ YES _____ NO</p> <p>IF YOU ANSWERED "YES," ATTACH A FULL EXPLANATION AND SUBMIT A CERTIFIED COPY OF ALL RELEVANT COURT AND/OR LEGAL DOCUMENTS.</p>
<p>B. LIST THE FEDERAL AGENCY THAT REGULATES THE EXEMPT COMPANY:</p>	<p>FEDERAL REGULATING AGENCY:</p>

- If applicant answered yes to question 1, proceed to question 2A.
- If applicant answered no to question 1, the AMC is ineligible for the AMC National Registry for the period of July 1, 2019, through June 30, 2020, and does not pay an AMC National Registry fee for the period of July 1, 2019, through June 30, 2020. Indicate "0" in Section 3 and proceed to Section 4.

SECTION 2A:

AMC NATIONAL REGISTRY FEE — AMCS IN EXISTENCE FOR MORE THAN A YEAR

<p>1. AS OF MARCH 31, 2019, WAS THE AMC IN EXISTENCE FOR MORE THAN ONE YEAR?</p>	<p>___ YES</p> <p>___ NO (IF AMC HAS NOT BEEN IN EXISTENCE FOR MORE THAN A YEAR, PROCEED TO SECTION 2B.)</p>
<p>2. HOW MANY STATE CERTIFIED OR STATE LICENSED REAL ESTATE APPRAISERS PERFORMED AN APPRAISAL FOR THE AMC IN CONNECTION WITH A COVERED TRANSACTION IN PENNSYLVANIA DURING THE PERIOD OF APRIL 1, 2018, THROUGH MARCH 31, 2019?</p> <p><i>*FOR DEFINITIONS OF COVERED TRANSACTIONS AND PERFORMANCE OF AN APPRAISAL, SEE THE FEDERAL LAWS AND REGULATIONS ON PAGE 1.</i></p>	<p>TOTAL NUMBER: _____</p> <p>(ATTACH A LIST OF APPRAISERS WITH NAMES AND LICENSE NUMBERS)</p>
<p>3. CALCULATION OF AMC NATIONAL REGISTRY FEE FOR THE PERIOD OF JULY 1, 2019, THROUGH JUNE 30, 2020:</p>	<p>MULTIPLY THE TOTAL NUMBER OF APPRAISERS LISTED IN QUESTION 2 BY \$25.</p> <p>_____ x \$25 = _____</p> <p>TOTAL AMC NATIONAL REGISTRY FEE FOR THE PERIOD OF JULY 1, 2019, THROUGH JUNE 30, 2020:</p> <p>\$ _____</p>

SECTION 2B:

AMC NATIONAL REGISTRY FEE — AMCS IN EXISTENCE FOR LESS THAN A YEAR

<p>1. AS OF MARCH 31, 2019, WAS THE AMC IN EXISTENCE FOR LESS THAN ONE YEAR?</p>	<p>___ YES</p> <p>___ NO (IF AMC HAS NOT BEEN IN EXISTENCE FOR LESS THAN ONE YEAR, PROCEED TO SECTION 3)</p>
<p>2. HOW MANY STATE CERTIFIED OR STATE LICENSED REAL ESTATE APPRAISERS PERFORMED AN APPRAISAL FOR THE AMC IN CONNECTION WITH A COVERED TRANSACTION IN PENNSYLVANIA SINCE THE AMC COMMENCED DOING BUSINESS?</p> <p><i>*FOR DEFINITIONS OF COVERED TRANSACTIONS AND PERFORMANCE OF AN APPRAISAL, SEE THE FEDERAL LAWS AND REGULATIONS ON PAGE 1.</i></p>	<p>TOTAL NUMBER: _____</p> <p>(ATTACH A LIST OF APPRAISERS WITH NAMES AND LICENSE NUMBERS)</p>
<p>3. CALCULATION OF AMC NATIONAL REGISTRY FEE FOR THE PERIOD OF JULY 1, 2019, THROUGH JUNE 30, 2020:</p>	<p>MULTIPLY THE TOTAL NUMBER OF APPRAISERS LISTED IN QUESTION 2 BY \$25.</p> <p>_____ x \$25 = _____</p> <p>TOTAL AMC NATIONAL REGISTRY FEE FOR THE PERIOD OF JULY 1, 2019, THROUGH JUNE 30, 2020:</p> <p>\$ _____</p>

SECTION 3: PAYMENT

AMC National Registry Fee - \$ _____	To process your AMC National Registry Application payment online, click on www.mylicense.pa.gov . You will need a valid credit card (VISA, Mastercard, Discover, or American Express). Follow all instructions, and you will have immediate confirmation that your registry is being processed. For paper applications, checks must be payable to "Commonwealth of Pennsylvania". If applicable, write your registration number on the check. For exempt companies, write the name of your entity on the check. A \$20.00 fee will be charged for payment returned by the bank.
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SECTION 4: CERTIFICATION STATEMENT

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 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.

COMPLIANCE PERSON SIGNATURE _____ DATE _____