

INDIVIDUAL PROFESSIONAL LICENSES & CRIMINAL OFFENSES

1. Has any owner, employee, director, officer, or agent of the AMC in whole or part, directly or indirectly, had an appraiser credential refused, denied, cancelled, surrendered in lieu of revocation, or revoked in any State for substantive cause, as determined by the State, and the credential has not been reinstated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are there currently any allegations pending against any owner, employee, director, officer or agent of the AMC in connection with an appraiser license in Kentucky or any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any owner, employee, director, officer, or agent of the AMC ever been convicted of, or plead guilty to, or no contest to, any criminal offense in Kentucky or in any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there currently any criminal charges now pending against any owner, employee, director, officer or agent of the AMC in Kentucky or in any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any of the answers above are "yes", provide a copy of the relevant documentation including but not limited to the state agency action, the court judgment, arrest warrant or bill of indictment, and/or any releases from probation or parole.

DESIGNATION OF CONTROLLING PERSON

Full Name			
Address			City
State	Zip	Phone Number	Email
<p align="center">List all states and license numbers in which you hold a credential:</p>		_____	

CONTROLLING PERSON PROFESSIONAL LICENSES & CRIMINAL OFFENSES

1. Have you ever had any disciplinary action taken against your appraiser certificate in Kentucky or any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are there currently any charges pending against you in connection with your appraiser certificate in KY or any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Within the past 10 years, have you been convicted of a misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there currently any criminal charges pending against you in Kentucky or any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been known by any other names? (List other names here)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any of the answers above are "yes", provide a copy of the relevant documentation including but not limited to the state agency action, the court judgment, arrest warrant or bill of indictment, and/or any releases from probation or parole.

CONTROLLING PERSON CERTIFICATION

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

Signature X	Date
-----------------------	------

CONSENT TO SERVICE OF PROCESS AND PLEADINGS

Know all men by these presents: Pursuant to the requirements of KRS 324A.150 through 164, the undersigned applicant for registration as an appraisal management company in Kentucky.

Name of Company

does hereby irrevocably consent, stipulate, and agree that suits, actions, and administrative proceedings, may be commenced against such applicant in the courts and agencies of this Commonwealth, by the service of any process or pleading authorized by the laws of this Commonwealth on the Director of the Division of Real Property Boards, and that service of such process or pleadings upon said Director shall be taken and held in all courts to be as valid and binding as if the service had been made upon said applicant in the Commonwealth of Kentucky.

Print Name

Title

Signature

Date

State of _____

County of _____

Before me personally appeared the above-named individual who acknowledged the execution of the foregoing instrument for the purpose set forth therein.

WITNESS my hand and official seal, this _____ day of _____, 20_____.

Notary Public

(Seal)

County

State

My Commission Expires: _____

AFFIDAVIT

The undersigned, in making this application to the Kentucky Real Estate Appraisers Board for registration as an Appraisal Management Company under the provisions of KRS 324A.152 swears (or affirms) that he (or she) has been designated by the Appraisal Management Company to make this application on their behalf, and that all information provided in connection with this application, including certifications and attachments, is true to the best of his (or her) knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosures may be deemed sufficient reason to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Board.

Print Name

Title

Signature

Date

Sworn and subscribed to before me this _____ day of _____, 20_____.

Notary Public

(Seal)

County

State

My Commission Expires: _____

KENTUCKY REAL ESTATE APPRAISERS BOARD

500 Mero Street
Frankfort, KY 40601
(502) 564-4000
ppc.kreab@ky.gov

APPRAISAL MANAGEMENT COMPANY NATIONAL REGISTRY FEE REPORTING FORM

NATIONAL REGISTRY FEE REPORTING INFORMATION

<input type="checkbox"/> SINGLE STATE AMC	<input type="checkbox"/> MULTI-STATE AMC
Does the AMC oversee a panel of more than 15 certified or licensed appraisers in one state within a given year that have been recruited, selected, or retained to perform appraisals in connection with a covered transaction?	Does the AMC oversee a panel of 25 or more certified or licensed appraisers in more than one state within a given year that have been recruited, selected, or retained to perform appraisals in connection with a covered transaction?
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, STOP . AMC does not qualify.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, STOP . AMC does not qualify.
Is this a Federally regulated AMC?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, proceed directly to AMC Registry Fee Calculation.
Does the AMC have an owner, in whole or part, directly or indirectly, that has had an appraiser credential refused, denied, cancelled, surrendered in lieu of revocation, or revoked in any State for substantive cause, as determined by the State, and the credential has not been reinstated?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, STOP . AMC does not qualify.
Does the AMC have a person who owns more than 10% of the AMC who has ever been convicted of, or plead guilty to, or no contest to, any criminal offense in Kentucky or in any other state OR has any pending criminal charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, STOP . AMC does not qualify.

AMC REGISTRY FEE CALCULATION

During the Fee Calculation Period, how many appraisers performed appraisals in connection with a covered transaction* in this State?	Number of Appraisers	Individual Fee	Total Amount Due
		\$25 <small>per appraiser</small>	\$

*To be defined as any consumer credit transaction secured by the consumer's principal dwelling.

CERTIFICATION

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any omission, inaccuracy, or failure to make full disclosure constitutes grounds for denial or withdrawal of approval of this Appraisal Management Company application.

Signature X	Date
-----------------------	------

FOR IN-OFFICE USE ONLY

<u>Fee Calculation Period</u> ___ / ___ / ___ to ___ / ___ / ___	OPID: _____ Legacy Key: _____	Renewed On: _____ Reported On: _____
---	----------------------------------	---