



**Real Estate Appraiser Board**  
**APPRAISAL MANAGEMENT COMPANY LICENSE APPLICATION**  
**Fee \$490.00**

New regulatory program does not go into effect until February 1, 2015.

A check or money order payable to the TREASURER OF VIRGINIA,  
 or a completed credit card insert must be mailed with your application package.  
**APPLICATION FEES ARE NOT REFUNDABLE.**

1. Firm/Sole Proprietor's Name \_\_\_\_\_
2. Trade, "Doing Business As" (DBA) or Fictitious Name<sup>▲</sup> \_\_\_\_\_
  - ▲ All business entities with DBA and Fictitious names must attach a copy of the certificate filed with the Clerk of the Court in the locality where business will be conducted (if required by the locality) or must be registered with the State Corporation Commission (SCC).
3. Select **one** of the following and provide the information below.
  - Business Federal Employer Identification Number (FEIN)<sup>❖</sup>

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 Federal Employer Identification Number (12-3456789)
  - ❖ State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number. *Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*
  - Sole Proprietor's/Individual's Social Security Number *or*

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 Social Security or Virginia DMV Number (123-45-6789)
  - Virginia Department of Motor Vehicles Control Number<sup>\*</sup>
  - <sup>\*</sup> State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.
4. Type of business entity (select only **one**)
  - Sole Proprietorship     General Partnership     Association     Other, please specify: \_\_\_\_\_
  - Corporation<sup>♦</sup>     Limited Liability Company<sup>♦</sup>     Limited Partnership<sup>♦</sup> \_\_\_\_\_

State Corporation Commission Number: \_\_\_\_\_

  - ♦ If your business is a **corporation, limited liability company, or limited partnership**, your business/trade name(s) must be registered with the Virginia State Corporation Commission. Firms shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firms must register any trade or fictitious names with the State Corporation Commission or the clerk of court in the county or jurisdiction where the business is to be conducted. For additional information, contact the SCC at [www.scc.virginia.gov](http://www.scc.virginia.gov) or by phone at (804) 371-9733.
5. Mailing Address (PO Box accepted) \_\_\_\_\_
 

If a mailing address is submitted, the mailing address will be printed on the license.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
6. Street Address (PO Box not accepted) \_\_\_\_\_
 

**PHYSICAL ADDRESS REQUIRED**

Check here if Street Address is the same as the Mailing Address listed above.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
7. Email Address \_\_\_\_\_
8. Contact Numbers
 

_____	_____	_____
Primary Telephone	Alternate Telephone	Fax

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	4009	FILE #/LICENSE #	ISSUE DATE
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9. Is the firm domiciled in the Commonwealth of Virginia?

Yes

No  If no, provide the following information for the firm's **Registered Agent**

A. Registered Agent's Name

\_\_\_\_\_  
Last First Middle Generation

B. Registered Agent's Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

C. Select **one** of the following and provide the information below.

Individual's Social Security Number\*

or

Virginia Department of Motor Vehicles Control Number

-  -

Social Security or Virginia DMV Number (123-45-6789)

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

10. Provide the following information for any person or entity that **owns 10 percent or more** of the appraisal management company:

Name	Address	FEIN, Social Security No. or VA DMV Control No.*	Birth Date	Contact Number	% of Ownership

11. Provide the following information for **Controlling Person(s)** for the appraisal management company:

Name	Address	FEIN, Social Security No. or VA DMV Control No.*	Birth Date	Contact Number

12. Appraisal Management Company's **Responsible Person**:

A. Responsible Person's Name

\_\_\_\_\_  
Last First Middle Generation

B. Responsible Person's Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

C. Select **one** of the following and provide the information below.

Individual's Social Security Number\* or

Virginia Department of Motor Vehicles Control Number

-  -

Social Security or Virginia DMV Number (123-45-6789)

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

D. Responsible Person's Date of Birth \_\_\_\_\_  
MM/DD/YYYY

E. Responsible Person's Virginia Real Estate Appraiser License No. 

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13. Does the **firm**, the **controlling person**, the **responsible person** or any person who **owns 10 percent or more** of the firm hold a *current* or *expired* appraisal management company license, certification or registration issued by any (including Virginia) state or territory of the United States?

No

Yes  If yes, complete the following table and attach an original Certification of Licensure/Letter of Good Standing (excluding Virginia) dated within the last 60 of days.

Name	State/Jurisdiction	License, Certification or Registration Number	Expiration Date

◆ Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license; 4) *the means of obtaining licensure (i.e. exam, reciprocity, etc.);* and 5) *all closed disciplinary actions resulting in a violation or undetermined finding.*

14. Has the company established a bond or letter of credit in accordance with § 54.1-2021.1 of the Code of Virginia?

No

Yes  If yes, proof of current bond or letter of credit with the appraisal management company as the named bond holder or letter of credit holder must be submitted along with this application.

15. Has any person or entity that owns **10 percent or more** of the firm ever had an appraiser license refused, denied, canceled, or revoked in Virginia or any jurisdiction?

No

Yes

16. Has the **firm**, the **controlling person**, the **responsible person** or any person who **owns 10 percent or more** of the firm ever been subject to a **disciplinary action** or any other corrective action taken by any (including Virginia) local, state or national regulatory body? This includes, but is not limited to, reprimand, revocation, suspension or denial of license, imposition of a monetary penalty, and required to complete remedial education.

No

Yes  If yes, provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

17. A. Has the **firm**, the **controlling person**, or any person who **owns 10 percent or more** of the firm ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any felony**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes  If yes, list the **felony** conviction(s) and provide a detailed, but brief explanation, along with any other information you wish to have considered with this application.

- B. Has the **firm**, the **controlling person**, or any person who **owns 10 percent or more** of the firm ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any misdemeanor that occurred within five years of the date of this application**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes  If yes, list the **misdemeanor** conviction(s) and provide a detailed, but brief explanation, along with any other information you wish to have considered with this application.

### Consent to Suits

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Appraisal Management Company License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agent attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

18. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if the firm, the controlling person(s), the responsible person and any person who owns 10 percent or more of the firm is subject to any disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understood and complied with all the laws of Virginia under the provisions of Title 54.1, Chapter 20.2 of the *Code of Virginia*, and the *Appraisal Management Company Regulations*.

I also certify and attest that any person that owns 10 percent or more of the appraisal management company and any controlling person of an appraisal management company seeking to be licensed pursuant to this chapter shall be of good moral character.

**Signature of Responsible Person or Controlling Person:**

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Important Reminder:

All applicants (**the Controlling Person(s), and any person who owns 10 percent or more of the firm**) for initial licensure are required to submit a set of fingerprints to the Virginia Central Criminal Records Exchange for the purpose of conducting a state and national fingerprint-based criminal history record.