



NM REAL ESTATE APPRAISERS BOARD

New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
P.O. Box 25101 Santa Fe, New Mexico 87504
(505) 476-4622 Fax (505) 476-4665 www.RLD.state.nm.us

APPRAISAL MANAGEMENT COMPANY
CHANGE OF MANAGEMENT APPLICATION

Incomplete application and fee will be returned to applicant.

Date of Application:
NM State Tax CRS ID Number: Federal Tax ID Number:

A. TYPE OF ENTITY: check only the box that applies to the business entity type of the applicant.

Domestic Corporation Foreign Corporation Partnership Sole Proprietor
Domestic LLC Foreign LLC Limited Partnership Other:

B. For BUSINESS ENTITY OTHER THAN A SOLE PROPRIETOR, complete this section:

1. Name of Company :
2. AMC License Number:
3. Street Address of Principal Place of Business:
City: County: State: Zip:
4. Mailing Address (if different):
Business Phone: Fax: E-Mail:
Mailing City: Mailing State: Mailing Zip:
5. Point of Contact: Title or Position:
Business Phone: Fax: (Required)E-mail:

C. CONTROLLING PERSON (CP)

Designate one person who will submit to service of process. Please mail a completed, signed and notarized Authorization for Release of Information form for this individual with a fee in the amount of \$15.00 to the New Mexico Department of Public Safety for state criminal history background check.

Name: Title or Position:
Street Address:
City: State: Zip:
Address of Business:
Business Phone: Fax: (Required)E-Mail:
Have you ever had a license to practice as an appraiser refused, denied, cancelled or revoked in this state or any other state?

E. EMPLOYEE IN CHARGE (EIC) Check if this individual is also the designated CP

Designate main contact for all communication between AMC and the Board. Please mail a completed, signed and notarized **Authorization for Release of Information** form for this individual with a fee in the amount of \$15.00 to the **New Mexico Department of Public Safety** for state criminal history background check.

Name:		Title or Position:	
Street Address:			
City:		State:	Zip:
Address of Business:			
Business Phone:	Fax:	(Required)E-Mail:	

CERTIFICATION OF REGISTRATION REQUIREMENTS

Please answer the following questions by choosing the respective answers:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The Controlling Person certifies that the Appraisal Management Company (AMC) has a system and process in place to verify that an appraiser selected and retained for the network or panel of the AMC holds a state license or certification in good standing in New Mexico pursuant to the requirements of the Real Estate Appraisers Act.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The Controlling Person certifies that the AMC has a system and process in place to verify that only licensed or certified appraisers are used for federally related transactions.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The Controlling Person certifies that the AMC has a system in place to review on a periodic basis, the work of all appraisers performing real property appraisals or appraisal reviews for the AMC to ensure that the real property appraisals and appraisal reviews are conducted in accordance with uniform standards of professional appraisal practice.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The Controlling Person certifies that the AMC maintains a detailed record of each service request that the AMC receives and the appraiser that performs the real property appraisal or appraisal review for the AMC.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The Controlling Person certifies that the owner(s) of the AMC applying for registration has not had a license or certificate to act as an appraiser refused, denied, canceled, surrendered in lieu of revocation, or revoked in New Mexico or any other state.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The Controlling Person certifies that the owner(s) of the AMC applying for registration has not had any disciplinary that affects their legal ability to act as an appraisal management company in New Mexico or any other state.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The Controlling Person certifies that all principals of the AMC applying for registration has not had a license or certificate to act as an appraiser refused, denied, canceled, surrendered in lieu of revocation, or revoked in New Mexico or any other state.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The Controlling Person certifies that all principals of the AMC applying for registration have not had any disciplinary action that affects their legal ability to act as an appraisal management company in New Mexico or any other state.

This application must be signed and dated in the presence of a Notary Public.

VERIFICATION

By signing this application, the undersigned attests that all information provided in the application is true, to the best of the signatory's knowledge; he/she is authorized to bind the applicant company; the applicant warrants that he/she/it will provide all benefits required by law to be provided by employers to employees; and shall abide by all laws applicable to Appraisal Management Companies in the State of New Mexico, including without limitation, the Real Estate Appraisal Management Registration Act, NMSA 1978, Sections 47-41-1 through 23, and all rules promulgated pursuant thereto.

Print Name:	Title:
Applicant Signature:	Date:

NOTARIZATION

On this _____ day of _____, 20____, _____ appeared before me, who is personally known to me to be the person described in this application and the person whose signature appears on this application; he/she swore under penalty of perjury that all information provided in this application is true and correct to the best of his/her knowledge and acknowledged that this instrument was executed as his/her free act and deed.

Notary Public: _____

My Commission Expires: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
NAME (MUST BE PRINTED-LEGIBLY) (SSN #) (DOB)

(AMC Name and Number)

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamp. 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HEREBY APPOINT:

New Mexico Real Estate Appraisers Board, 2550 Cerrillos Road, Santa Fe, New Mexico 87505

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND/OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

APPLICANT SIGNATURE: _____ DATE: _____

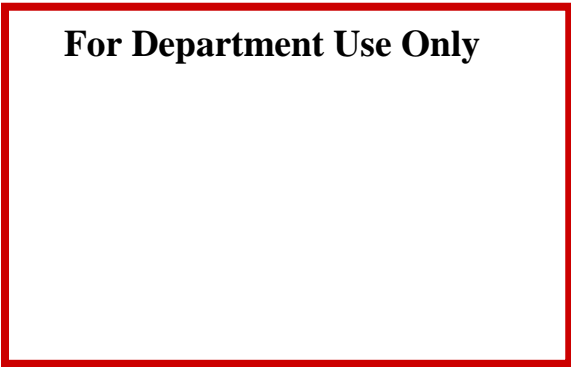
(*ATTN NOTARY: ENSURE DOCUMENT IS SIGNED BY IN YOUR PRESENCE AND NAME, DOB, SOC INFO IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY

OF _____, 20_____.

(SEAL) _____
(NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____.



MAIL DIRECTLY TO:
New Mexico Department of Public Safety
Attn: Records, P.O. Box 1628
Santa Fe, NM 87504-1628 (\$15.00 PER RECORD CHECK)

CHANGE OF MANAGEMENT APPLICATION CHECKLIST

The following documents should be submitted with your completed Change of Management Application:

- Notarized Application
- Proof of 15 hour USPAP course for the EIC
- NM State Tax ID #
- Each individual** that owns, is an officer of, or has a greater than 10% financial interest in the AMC needs to complete, sign and notarize an Authorization for Release of Information form for a state criminal history background check. Each form should be accompanied by a fee in the amount of \$15.00 made payable to New Mexico Department of Public Safety.

The Authorization for Release of Information should be mailed **DIRECTLY** to:
New Mexico Department of Public Safety
Attn: Records
P.O. Box 1628
Santa Fe, NM 87504-1628

****ALL LICENSING INFORMATION PROVIDED IS PUBLIC INFORMATION**