



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 REGISTRATION APPLICATION

Incomplete application and fee will be returned to applicant.

APPLICATION FEE

The Initial Registration Fee is \$1,000. Please submit payment with this application by check or money order payable to NM Real Estate Appraisers Board.

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 to be Licensed:			
2. Street Address of Principal Place of Business:			
City:	County:	State:	Zip:
3. Mailing Address (if different):			
Business Phone:	Fax:	E-mail:	
Mailing City:	Mailing State:	Mailing Zip:	
4. Point of Contact:		Title or Position:	
Business Phone:	Fax:	(Required)E-Mail:	

C. If applicant is a SOLE PROPRIETOR/INDIVIDUAL, complete this section.

Name:		DBA:
SSN:	D.O.B.	Place of Birth (City/State):
Residence Street Address:		
City:	State:	Zip:
Business Street/P.O. Box Address (if different):		
Business City:	Business State:	Business Zip:
Business Phone:	Fax:	
Residence Phone:	(Required) E-Mail:	

D. List the names and contact information for any individual that owns, is an officer of, or has a greater than 10% financial interest in the AMC. You may attach additional pages if necessary. Please mail a completed, signed and notarized **Authorization for Release of Information** form for **each** individual with a fee in the amount of \$15.00 made payable 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:	
Name:		Title or Position:	
Street Address:			
City:		State:	Zip:
Address of Business:			
Business Phone:	Fax:	(Required)E-Mail:	
Name:		Title or Position:	
Street Address:			
City:		State:	Zip:
Address of Business:			
Business Phone:	Fax:	(Required)E-Mail:	
Name:		Title or Position:	
Street Address:			
City:		State:	Zip:
Address of Business:			
Business Phone:	Fax:	(Required)E-Mail:	
Name:		Title or Position:	
Street Address:			
City:		State:	Zip:
Address of Business:			
Business Phone:	Fax:	(Required)E-Mail:	
Name:		Title or Position:	
Street Address:			
City:		State:	Zip:
Address of Business:			
Business Phone:	Fax:	(Required)E-Mail:	
Name:		Title or Position:	
Street Address:			
City:		State:	Zip:
Address of Business:			
Business Phone:	Fax:	(Required)E-Mail:	

E. 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 made payable 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:	

F. 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 made payable 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:	

G. 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: _____

**ATTACHMENT 1 - STATEMENT OF AUTHORIZATION BY AGENT FOR SERVICE OF
PROCESS**

Name of Agent:		
Street Address:		
City:	State:	Zip:

The aforementioned agent hereby acknowledges that the agent accepts and agrees to act as the registered agent for service of process in New Mexico for _____, an Appraisal Management Company registered to do business in New Mexico, pursuant to the Real Estate Appraisal Management Companies Act, NMSA 1978 NMSA 1 978, Sections 47-41-1 through 23 and that the agency is duly authorized to do business in New Mexico.

Signature:	Date:
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NOTARIZATION

On this _____ day of _____, 20 _____, _____, appeared before me, who is personally known to me to be the person who executed this Statement of Authorization.

Notary Public: _____

My Commission Expires: _____

STATE OF NEW MEXICO



BOARD OF REAL STATE APPRAISERS

APPRAISAL MANAGEMENT COMPANY SURETY BOND

Amount: \$25,000.00

Bond No: _____

KNOW ALL MEN BY THESE PRESENTS:

That _____ as principal, DBA: _____ of _____ (City/State), and _____ a corporation organized under the laws of the State of _____ and duly authorized to conduct surety insurance business in the State of New Mexico as Surety, are held and firmly bound unto the State of New Mexico (herein called the Obligee) in the penal sum of TWENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$25,000.00) to be paid to the Obligee for the benefit of any persons who may have a cause of action against said Principal or Surety for which payment, well and truly to be made, we hereby bind ourselves, our heirs, executors, administrators, successors, and assigns, and jointly and severally.

The condition of this obligation is such that if the Principal is granted licensure as a Registered Appraisal Management Company and complies with the provisions of the Appraisal Management Company Registration Act, NMSA 1978, §§ 47-14-1 to 23 (2009, as amended through 2010) and all regulations enacted subject to the Act, then this obligation is to be null and void; otherwise, it shall remain in full force and effect, subject to the following express conditions:

- 1. The total aggregate liability of this bond is limited to the sum of Twenty Thousand Dollars (\$25,000.00).
- 2. This bond shall continue in force and effect for the duration of the registration unless the Surety shall serve thirty (30) days written certified notice to the Obligee of its right to

terminate this bond. Such cancellation by the Surety is effective thirty (30) days after mailing written certified notice of cancellation to the Obligee.

The effective date of this bond shall be _____, 20_____.

Principal

Surety

By: _____
Attorney-in-Fact)

(ATTACH POWER OF ATTORNEY TO BOND)

BOND ACKNOWLEDGEMENT FORM

Acknowledgement of Principal
COUNTY OF

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____,

By _____ as Attorney of _____
(Name of Attorney in Fact) (Name of Principal)

My Commission Expires: _____
NOTARY PUBLIC

Acknowledgement and Justification of Surety

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____,

By _____ as Attorney in Fact on behalf of _____
(Name of Individual)

_____ as a Surety.
(Name of Corporation)

SAMPLE POWER OF ATTORNEY

STATE OF _____

COUNTY OF _____

On this _____ day of _____, _____, before me personally appeared _____ known to me to be the Attorney-in-fact of the _____ Company, the corporation described in, which executed the within and foregoing bond for _____ (Principal) as a Surety thereon and who being by me duly sworn, deposes and says that he is the Attorney-in-fact of said Company and knows the corporate seal thereof; that the said Surety Company, _____, is duly and legally incorporated under the laws of the State of _____, that the seal affixed by order and authority of the Board of Directors of said Company and that he signed his name thereto by like order and authority as the Attorney-in-fact of said Company, and by order and authority of said Board of Directors; that the assets of said Company unencumbered and liable to execution, exceed its claims, debts and liabilities of every nature except capital of more than the sum of \$25,000.00; that the said Surety Company, _____, has complied with all the laws of the State of New Mexico relating to the Surety Companies doing business in the State of New Mexico and is duly licensed and authorized by such State to qualify as sole surety on the bond hereto annexed.

AUTHORIZATION FOR RELEASE OF INFORMATION

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

(AMC Name)

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 87504

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)

APPLICATION CHECKLIST

- \$1,000 Application Fee
- Notarized Application
- Service of Process Form
- Proof of 15 hour USPAP course for the EIC
- \$25,000.00 Surety Bond
- Identify EIC, CP & Owner
- NM State Tax ID #
- LETTERS OF ENGAGEMENT to include the following:
 - o Registration Number
 - o NTTC
 - o Total fee that will be collected by the AMC for assignment
 - o Total amount that the AMC will retain from the fee charged, disclosed as dollar amount
 - o Appraiser completing report must disclose the following amount within the report:
 - 1, Total compensation, stated as dollar amount, paid to the appraiser or to the appraiser's employer
 - 2, Total compensation retained by the AMC in connection with real estate appraisal activity, in dollar amount
- 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**

AUDITS

Upon renewal, ten (10) percent of AMC's shall be subject to audit. Audited AMC's shall be required to submit to the board files for the twelve (12) month period prior to renewal and any other documentation the board requests. Any costs incurred by the board during an audit may be attributed to the AMC.