



**NORTH CAROLINA  
APPRAISAL BOARD**

5830 Six Forks Road  
Raleigh, NC 27609  
919-870-4854

[www.ncappraisalboard.org](http://www.ncappraisalboard.org)

ncab@ncab.org

NUMBER	
CHAR: A	N/A BY
DATE	
Amt Rec	Trans#

**APPLICATION FOR APPRAISAL MANAGEMENT COMPANY REGISTRATION**

**TYPE OR PRINT CLEARLY IN INK.** The application fee is **\$3500**, NON-REFUNDABLE, and payable only by cashier or certified check to the NC Appraisal Board. All other forms of payment will be returned.

**1** Company's Legal Name:

**2** Name under which Company will do business in North Carolina:

**3** Contact person for application:

Name	Title	Email
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**4** Main Address of Company:

Street Address		County	
City	State	Zip	
PO Box (if applicable)	City	State	Zip
Telephone	Fax	Email	

Send mail to Post Office Box

**5** If company is not domiciled in North Carolina, contact information for company's agent for service of process:

Name			
Street Address		County	
City	State	Zip	
Telephone	Fax	Email	

6 Name of Compliance Manager:

7 Legal Structure of Company:

Domestic Corporation	<input type="checkbox"/>	Foreign Corporation	<input type="checkbox"/>
Partnership*	<input type="checkbox"/>	Foreign LLC	<input type="checkbox"/>
Limited Partnership	<input type="checkbox"/>	Other**	<input type="checkbox"/>
Sole Proprietor	<input type="checkbox"/>		

\*If general partnership, attach copy of written partnership agreement.

\*\*If other type of entity, attach copy of organizational documents.

8 Employer Identification Number or Social Security Number:

9 North Carolina Secretary of State Identification Number, if required:

10 Indicate below if you are registered as an appraisal management company in any other state:

State	Regis. No.	From (Mo/Yr)	To (Mo/Yr)

11 Complete Attachment A; the name, address and contact information for any individual or business entity that owns ten percent (10%) or more of the Company.

12 **CHARACTER**

**Regarding Professional Licenses**

	Yes	No
(1) Has <b>any owner</b> listed in Attachment A of this application ever had an appraisal license refused, denied, cancelled or revoked by the State of North Carolina or any other state?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are there currently any charges pending against <b>any owner</b> listed in Attachment A in connection with an appraiser license in North Carolina or any other state?	<input type="checkbox"/>	<input type="checkbox"/>

*If either of the answers are "yes", provide a copy of the licensing agency's order, any other documentation regarding the case, and a complete written explanation for each matter.*

**Regarding Criminal Offenses**

- (1) Has **any owner** listed in Attachment A of this application ever been convicted of or pleaded guilty or no contest to any criminal offense in North Carolina or in any other state?
  
- (2) Are there currently any criminal charges now pending against **any owner** listed in Attachment A of this application in North Carolina or in any other state?

*If either of the answers are "yes", provide a copy of the court judgment, arrest warrant or bill of indictment, and include a release from probation or parole, if appropriate.*

**"Criminal offenses" and "criminal charges" include all criminal matters except speeding or parking violations. It DOES include driving while under the influence of alcohol or drugs. If you believe a charge has been erased or expunged, you must check with the appropriate court before completing this section.**

**All owners listed in Attachment A must provide a criminal background check obtained from [www.CertifiedBackground.com](http://www.CertifiedBackground.com). Package Code: NG97**

**13** List any other names under which you do business in North Carolina. Attach a copy of the Certificate of Assumed Name filed for each name in each County Register of Deeds Office in compliance with N.C.G.S. 66-68.

Name \_\_\_\_\_ County \_\_\_\_\_

Name \_\_\_\_\_ County \_\_\_\_\_

**14**

**CERTIFICATIONS:**

- (1) I certify that this Appraisal Management Company has a system and process in place to verify that a person being added to the appraiser panel of the appraisal management company holds a license in good standing in this State pursuant to the North Carolina Appraisers Act if a license or certification is required to perform appraisals.
- (2) I certify that this Appraisal Management Company has a system in place to require that appraisers inform the appraisal management company of their areas of geographic competency, the types of properties the appraiser is competent to appraise, and the methodologies the appraiser is competent to perform.
- (3) I certify that this Appraisal Management Company has a system in place to review the work of all independent appraisers that are performing real estate appraisal services for the appraisal management company on a periodic basis to validate that the real estate appraisal services are being conducted in accordance with the Uniform Standards of Professional Appraisal Practice.
- (4) I certify that this Appraisal Management Company has a dispute resolution process that allows users of the appraisal report to request that the appraiser consider additional property information, provide further detail, substantiation, or explanation for the appraiser's value conclusion, or to correct errors in an appraisal report.
- (5) I certify that this Appraisal Management Company maintains a detailed record of each service request that it receives and the independent appraiser that performs the residential real estate appraisal services for the appraisal management company.

**ATTACHMENTS**

I have attached the following:

- (1) A description of each of the systems in Paragraphs (1), (2), (3) and (4) above.
- (2) Attachment A, the name, address and contact information for any individual or business entity that owns ten percent (10%) or more of the Appraisal Management Company.
- (3) Attachment B, the name, address and contact information for all officers and directors.
- (4) A consent to service of process, if applicable.
- (5) A copy of the written partnership agreement, if applicable.
- (6) A copy of the organizational documents, if applicable.
- (7) All required criminal background checks.

**THIS AFFIDAVIT IS TO BE EXECUTED BY APPLICANT BEFORE A NOTARY PUBLIC:**

The undersigned, in making this application to the North Carolina Appraisal Board for registration as an Appraisal Management Company under the provisions of Chapter 93E of the General Statutes of North Carolina 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.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
(Name of Notary Public, please print)

\_\_\_\_\_  
(Signature of Notary Public)

My Commission expires \_\_\_\_\_

(AFFIX SEAL)

County \_\_\_\_\_ State \_\_\_\_\_

# Attachment A

(use Continuation Sheet if necessary)

Name, address and contact information for any individual or business entity that owns ten percent (10%) or more of the Appraisal Management Company

Name			
Street Address		County	
City		State	Zip
Telephone	Fax		Email

Name			
Street Address		County	
City		State	Zip
Telephone	Fax		Email

Name			
Street Address		County	
City		State	Zip
Telephone	Fax		Email

Name			
Street Address		County	
City		State	Zip
Telephone	Fax		Email

Name			
Street Address		County	
City		State	Zip
Telephone	Fax		Email

# Attachment B

(use Continuation Sheet if necessary)

Name, address and contact information for all officers and directors

Name		Title	
Street Address		County	
City		State	Zip
Telephone	Fax		Email

Name		Title	
Street Address		County	
City		State	Zip
Telephone	Fax		Email

Name		Title	
Street Address		County	
City		State	Zip
Telephone	Fax		Email

Name		Title	
Street Address		County	
City		State	Zip
Telephone	Fax		Email

Name		Title	
Street Address		County	
City		State	Zip
Telephone	Fax		Email