Colorado Division of Real Estate
1560 Broadway, Suite 925, Denver, CO 80202
(303) 894-2166, dora_realestate_website@state.co.us

Appraisal Management Company License Application

Fee: $3,858 (make check payable to Colorado Board of Real Estate Appraisers)
Instructions:

1. If this application is for an appraisal management company that is a corporation, partnership, limited liability company, the entity must be properly registered with the Colorado Secretary of State and in good standing, proof of which must be included with this application. If an assumed or trade name is to be used, it must be properly filed with the Colorado Secretary of State, proof of which must be included with this application. See http://www.sos.state.co.us/pubs/business/businessHome.html for information on registration.
2. All applications for licensure must be accompanied by a surety bond in the amount of $25,000, bound to the State of Colorado. Failure to include this information will result in application not being approved.
3. The controlling appraiser must be actively certified in a state recognized by the Appraisal Subcommittee of the federal financial institutions examinations council or its successor entity at the time of application, and must maintain an active credential for as long as s/he is the controlling appraiser for the appraisal management company.
4. Controlling appraisers and any person who owns, directly or indirectly, 10% or more of the appraisal management company listed in this application (authorized representatives) must submit a set of fingerprints to the Colorado Bureau of Investigations (CBI) for the purposes of a fingerprint based background check. Please follow the instructions posted to our website for fingerprint submission.
5. Natural persons, as defined in item 4 above, with prior criminal history must fill out an **application addendum** to submit with this initial application form.
6. Social Security Numbers are required for any controlling appraiser or owner with a greater than 10% ownership interest (direct or indirect) in the appraisal management company in accordance with 24-34-107 C.R.S., unless this information was previously provided to the Division of Real Estate.
7. Send a physical copy of this application and the required documentation to the address listed at the top of this application form.
8. Licenses will be issued immediately upon approval. **Issued licenses will need to be renewed by December 31 of the year of issue.** The standard renewal fee will apply.
9. Any changes in controlling appraiser designation must be reported to the Division of Real Estate within 3 business days of the change. Any changes to ownership of the company must be reported to the Division of Real Estate within 30 days of the change.

Section 1. Appraisal Management Company (AMC)

Business Name (if Sole Proprietor, enter individual name here)

Trade Name (if any) | CO Secretary of State ID Number

Business Type: ☐ Sole Proprietor ☐ Limited Liability Company ☐ Partnership ☐ Corporation ☐ Other (please specify)

Physical Address (req. by 12-61-706.3(7)) | City | State | Zip Code

Contact Person's Name | Email

Phone | Fax | Website

Mailing Address (if different from above) | City | State | Zip Code

Surety Bond Company Name | Policy Number

Bond Effective Date | Bond Expiration Date

☐ **Yes** ☐ **No** **1.1** Has this appraisal management company ever been the subject of any disciplinary action in this or any other jurisdiction? If yes, please attach a letter of explanation.

☐ **Yes** ☐ **No** **1.2** Is this appraisal management company currently charged with any crime or under investigation in any jurisdiction, or is any disciplinary action pending against this appraisal management company in any jurisdiction? If yes, please attach a letter of explanation.

☐ **Yes** ☐ **No** **1.3** Is this appraisal management company owned, in whole or in part, directly or indirectly, by any person who has had, in any state, an appraiser license, registration or certificate or any like license refused, denied, cancelled, surrendered in lieu of revocation, or revoked? If yes, please attach a letter of explanation.

Section 2. Controlling Appraiser (CA)

First Name | M.I. | Last Name | Email Address

License Number (if previously issued) | Date of Birth | SSN (required, 24-34-107 C.R.S.)

Physical Address | City | State | Zip Code

Phone | Fax

Mailing Address (if different from above) | City | State | Zip Code

☐ **Yes** ☐ **No** **2.1** Has the controlling appraiser ever had an appraisal license, certification or temporary permit or like license, registration, permit or certification refused, suspended or revoked in any state? If yes, please attach a letter of explanation.

☐ **Yes** ☐ **No** **2.2** Has the controlling appraiser ever been convicted of, entered a plea of guilty to, or entered a plea of nolo contendere to a misdemeanor or a felony, or any other like municipal code violation? If yes, please complete the **AMC application addendum**.

☐ **Yes** ☐ **No** **2.3** Is the controlling appraiser currently charged with any felony or misdemeanor or under investigation in any jurisdiction, or is any disciplinary action pending against this controlling appraiser in any jurisdiction? If yes, please attach a letter of explanation.

CA Initials I hereby certify that I am responsible for the appraisal management company as the controlling appraiser.

CA Initials I hereby certify that this appraisal management company complies with section 12-61-706.3(8) and that I have been authorized by the company to act as the controlling appraiser.

Section 3. Controlling Appraiser License Information

Please list any current or previous appraisal license(s) held by the controlling appraiser in this or any other state. The controlling appraiser must be actively certified in a state recognized by the appraisal subcommittee of the federal financial institutions examinations council or its successor entity. Attach additional sheets if necessary.

License Number	**State**	**Start Date**	**Expiration Date**

Section 4. Owner Information Affidavit

Sections 4, 5 and 6 must be completed by each individual owner holding a more than 10% ownership interest in the appraisal management company. If you are partial owner in an entity with ownership interest in the AMC, please list the total percentage ownership of the AMC. Make additional copies of this page as necessary and submit all portions of the application as one complete packet.

First Name | M.I. | Last Name | Email Address

Corporate Title | Date of Birth | SSN (required, 24-34-107 C.R.S.)

Physical Address | City | State | Zip Code

Phone | Fax | Percentage of Ownership/Stock Interest

Mailing Address (if different from above) | City | State | Zip Code

Section 5. Owner License Information

Please list any current or previous business or professional license(s) held in this or any other state. Attach additional sheets if necessary.

License Type	License Number	State	Issue Date	Expiration

Section 6. Owner Background Questions

☐ **Yes** ☐ **No** **6.1** Have you ever had an appraisal license, certification or temporary permit or any like license, certification or permit denied, refused to be renewed, suspended or revoked in any state? If yes, please provide a letter of explanation.

☐ **Yes** ☐ **No** **6.2** Have you ever been convicted of a felony, misdemeanor or any crime in any jurisdiction which relates to the practice of, or the ability to practice your profession or are you currently under criminal investigation? If yes, please complete the **AMC Application Addendum** form.

I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct. I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Signature | Date

Section 7. Authorized Representatives

Please list all persons authorized to make changes to the company license record in the space provided below. Attach additional sheets if necessary. You must identify at least one authorized representative responsible for contacting the Board when there has been a change in the employment of the controlling appraiser or there is a change in the ownership of the entity:

Full Name	Title

Section 8. Lawful Presence (to be completed by Controlling Appraiser)

This section is to be completed by the controlling appraiser of the AMC. Acceptable ID types are as follows: State issued driver's license or ID, government issued ID, U.S. Passport, U.S. Citizenship certificate, U.S. Military ID, Tribal ID, Resident Alien/Permanent Alien Card, Valid Temporary Resident Card, Valid Foreign Passport, Valid I-94 or Valid I-766 (employee authorization card)

A. Lawful Presence

☐ I am a U.S. citizen. Enter the acceptable secure and verifiable document in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request. Complete documentation must be provided upon request.

☐ I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Enter the acceptable secure and verifiable document in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.

B. Secure & Verifiable Document

Government Issued Identification	Name of state or federal agency that issued the document	Full name as shown on ID	License/ID Number	Expiration Date (mm/dd/yyyy)
State Issued Driver's License				

Section 9. Attestation

This section is to be completed by the controlling appraiser of the AMC and, if applicable, an authorized representative for the appraisal management company.

- I understand that if I have no registered agent in this state, such registered agent is not located under its registered agent name at its registered agent address, or the registered agent cannot with reasonable diligence be served, I may be served by registered mail or by certified mail, return receipt requested, addressed to the entity at its principal address. The consent hereby given shall be deemed to be continuing and is irrevocable.
- By signing below, I hereby attest that all persons required by 12-61-706.3(3) C.R.S. to submit fingerprints to the Colorado Bureau of Investigations for the purposes of a fingerprint background check have done so in accordance with the requirements listed in 12-61-706.3(3) C.R.S. prior to the submission of this application form and fee to the Colorado Division of Real Estate for processing.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct. I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Controlling Appraiser Signature	Date
Authorized Representative (Print Name)	
Authorized Representative Signature	Date

Print Form Clear Form