



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**COUNCIL ON REAL ESTATE APPRAISERS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**CERTIFICATE OF INDIVIDUAL ASSOCIATED WITH APPRAISAL MANAGEMENT COMPANY**

**INSTRUCTIONS**

File a [Certificate of Individual](#) form if you are:

- the *controlling person* selected by an appraisal management company to be its main contact person for all communications between the Council and the company
- a person who owns more than 10% of an appraisal management company.

Submit a completed, signed and notarized *Certificate of Individual* form.

Arrange for the Council office to receive State of Delaware and Federal Bureau of Investigation criminal background checks using the *Instructions for Requesting a Criminal Background Check* form in the application.

**IDENTIFYING AND CONTACT INFORMATION**

1. Name of Appraisal Management Company: \_\_\_\_\_

2. Your Full Name: \_\_\_\_\_  
First Middle Last Suffix

3. Your Title: \_\_\_\_\_

4. Official Capacity (check one):  Controlling Person  Principal  Partner  Officer  Director  Trustee

5. Other Names Used: \_\_\_\_\_  
Include names such as aliases, maiden name, former married names, alternate spellings or punctuation

6. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male  Female

7. Have you been issued a U.S. Social Security Number? Yes  No  If yes, enter SSN: \_\_\_\_\_  
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 *Del. C.* §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 *Del. C.* §2216) and for other lawful purposes.

8. Residence Address: \_\_\_\_\_  
**Street Address - No PO Box!**

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

9. Business **Physical** Address: \_\_\_\_\_  
**Street Address - No PO Box**

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

10. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Notice to Appraisal Management Company Owners and Controlling Person**

No person who owns more than 10% of an appraisal management company or who is a principal of the company or who is its controlling person (as defined above) may have had any financial, real estate or mortgage lending industry license or certificate refused, denied, canceled, revoked or voluntarily surrendered in any state (including Delaware) unless the license or certificate was subsequently granted or reinstated. At its discretion, the Council may waive this requirement by appeal.

**DISCLOSURES**

11. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon or expungement, in any jurisdiction? Yes  No  **If yes, submit a signed statement explaining fully.**

**Arrange for the Council office to receive State of Delaware and Federal Bureau of Investigation criminal background checks using the *Instructions for Requesting a Criminal Background Check* form included with the application. This requirement applies even if you answered "No" to this question.**

12. Are criminal charges pending against you in any jurisdiction? Yes  No  **If yes, submit a signed statement explaining fully.**

13. Have you ever had any financial, real estate, or mortgage lending industry license or certificate refused, denied, canceled, revoked or voluntarily surrendered in Delaware or in any other jurisdiction (state, U.S. territory or District of Columbia), unless such license or certificate was subsequently granted or reinstated? Yes  No  **If yes, submit a signed statement explaining fully.**

14. Have you ever received any administrative penalties regarding your real estate, or mortgage lending industry license or certificate in any jurisdiction, such as fines, formal reprimands, license suspension or revocation (except for non-payment of fees), probationary limitations, or been a party to a 'consent agreement' containing conditions placed by a Board on your professional conduct and practice, including any voluntary surrender of a license? Yes  No  **If yes, submit a signed statement explaining fully. Include copies of all appropriate records.**

15. Are any unresolved complaints pending against you in any jurisdiction? Yes  No  **If yes, submit a signed statement explaining fully. Include copies of all appropriate records.**

16. Do you currently, or did within the past two years, excessively use or abuse any drugs or alcohol? Yes  No  **If yes, submit a signed statement explaining fully.**

**DUTY TO REPORT**

17. As an owners and/or the controlling person of an appraisal management company, do you understand that you are required to:
- notify the Council in writing if the ownership of the company changes? Yes  No
  - notify the Council office *in writing* within ten days if the controlling person changes? Yes  No
  - notify the Council office *in writing* within three days after the arrest of any of the company's owners or controlling person for any crime other than minor traffic violations? Yes  No
  - notify the Council office *in writing* within ten days if the company's registered agent for service of process in Delaware changes (applies only to a corporation that is not domiciled in Delaware)? Yes  No

**AFFIDAVIT**

The individual named above, being duly sworn, does hereby acknowledge that he or she is associated with the appraisal management company named above, in the capacity indicated, and certifies that the facts stated herein are true.

**Owner or Controlling Person Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Sworn or affirmed before me a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

SEAL

My commission expires on \_\_\_\_\_

**FORMS THAT ARE UNSIGNED, NOT NOTARIZED, OR INCOMPLETE WILL BE REJECTED.**

# Instructions for Requesting a Criminal Background Check

**Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.**

## Locations

### Kent County – Primary Facility

State Bureau of Identification  
Blue Hen Mall & Corporate Center  
655 Bay Rd. Suite 1B  
Dover, DE 19901

**Walk-ins accepted:** Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm  
Customer Service: (302) 739-2134

### New Castle County - Satellite Facility

State Police Troop Two  
100 LaGrange Ave  
Newark, DE 19702  
(between Rts. 72 and 896 on Rt. 40)

#### **By appointment only**

Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

### Sussex County – Satellite Facility

Thurman Adams State Service Center  
546 S. Bedford Street, Rm. 202  
Georgetown DE 19947  
(across from DeIDOT & Troop 4)

#### **By appointment only**

Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

## Applicants Residing in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$69, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

## Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the Federal Bureau of Investigation website at [www.fbi.gov](http://www.fbi.gov) – click *Stats & Services*, then *Identity History Summary Checks*, then *FD-258 Fingerprint Card*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$69.00 made payable to “Delaware State Police” to:

**Delaware State Police  
State Bureau of Identification (SBI)  
PO Box 430  
Dover, DE 19903-0430**

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.  
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.**

**⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**



**AUTHORIZATION INFORMATION**

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861 SILVER LAKE BLVD., SUITE 203  
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STATE OF DELAWARE

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EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS**

*Please print or type all information in black ink.*

**Check the type of license for which you are applying:**

- Adult Entertainment
- Charitable Gaming Vendor
- Chiropractic
- Dental
- Massage
- Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT)
- Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers)
- Nursing (RN, LPN, APN)
- Nursing Home Administrator
- Occupational Therapy
- Optometry
- Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy)
- Physical Therapy/Athletic Trainer
- Podiatry
- Psychology
- Real Estate Appraiser (includes Appraisal Management Company)
- Speech/Hearing
- Social Work
- Texas Hold'em Individual

**Print your current full name:**

Last Name	First Name	Middle Initial	Suffix (e.g., Jr., Sr.)

**Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

**SIGNATURE OF PERSON PRINTED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

**Mail the results of my criminal history request to:**

**Division of Professional Regulation  
861 Silver Lake Boulevard, Suite 203  
Dover DE 19904  
SLC D420A**

**USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.**