



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
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR APPRAISAL MANAGEMENT COMPANY REGISTRATION INSTRUCTION SHEET

When to File

File this application for registration as an Appraisal Management Company in Delaware when the business:

- engages (or tries to engage) directly or indirectly in business as an appraisal management company, or
- performs (or tries to perform) directly or indirectly appraisal management services, or
- advertises or holds itself out as engaging in or conducting business as an appraisal management company.

If the company has more than one office that will conduct business in Delaware, only one registration is required for all of the offices.

Do **not** file this application when a business employs real estate appraisers to perform all real property appraisal services in the normal course of its business and is responsible for ensuring that its employees perform the services in accordance with Uniform Standards of Professional Appraisal Practice and federal and state law ([24 Del. C. §4023](#)). Such businesses are not required to register as appraisal management companies.

Controlling Person Requirements

Each appraisal management company filing this application must designate one person who will be the contact for all communication between the Council and the appraisal management company. This contact person is termed the *controlling person*.

To serve as an appraisal management company's controlling person, the person selected must

- meet the requirements in [24 Del. C. § 4002 \(10\)](#)
- arrange for the Council office to receive State of Delaware and Federal Bureau of Investigation criminal history records, and
- certify to the Council that no financial, real estate or mortgage lending industry license or certificate issued to them by any state (including Delaware) has ever been refused, denied, canceled, revoked or voluntarily surrendered, unless the license or certificate was later granted or reinstated.

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.

Requirements for All Applications

- Submit completed, signed and notarized [Application for Appraisal Management Company Registration](#).
- Enclose the non-refundable [processing fee](#) by check or money order made payable to the "State of Delaware."
- Arrange for the Council office to receive proof of a surety bond in the amount of at least \$20,000.
- Submit a [Certificate of Individual](#) form completed and signed by the appraisal management company controlling person and **each** person who owns more than 10% of the company.
 - The form included with this application may be copied. It is also available on the Council's [Forms page](#).
 - The appraisal management company controlling person and each person that owns more than 10% of the company must sign his or her own [Certificate of Individual](#) forms before a notary.

- Arrange for the Council office to receive State of Delaware and Federal Bureau of Investigation criminal history records on the controlling person and each person who owns more than 10% of the appraisal management company.
 - The controlling person and each person who owns more than 10% of the business must complete the *Criminal History Record Check Authorization* form included with the application and follow the instructions on the form to arrange to be fingerprinted. Submit the forms and payment to the State Bureau of Identification (SBI). Do **not** send these forms to the Council office!
 - **Allow at least four weeks for the SBI to send criminal history records to the Council office.**
 - A new criminal background check is required even if the person recently had a criminal background check done for some other reason.

- If the company has ever held any other license to engage in appraisal management services in any jurisdiction (state, U.S. territory or District of Columbia), arrange for the Council office to receive a license verification from *each* jurisdiction, sent *directly* from the jurisdiction to the Board office.

- If the controlling person or a person who owns more than 10% of the company does not have a U.S. SSN, he or she must complete and submit 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.

Reporting Changes

An owner or controlling person of an Appraisal Management Company is required to notify the Council office of the following events.

- Notify the Council office *in writing* within ten days of any change in the company's owners or controlling person (as defined above).
 - If the change involves a new controlling person or owner who owns more than 10% of the business and who has not previously submitted a *Certificate of Individual* form, the new controlling person or owner must complete, sign and submit a [Certificate of Individual](#) form.
 - If the change involves a new controlling person or owner who owns more than 10% of the business who has not previously submitted State of Delaware and Federal Bureau of Investigation criminal background checks, the new controlling person or owner must complete the *Criminal History Record Check Authorization* form and follow the instructions on the form to arrange to be fingerprinted.

Example: A new controlling person is named. The new controlling person must submit a [Certificate of Individual](#) form to the Council office and arrange for the Council office to receive State of Delaware and Federal Bureau of Investigation criminal background checks.

- Notify the Council office *in writing* within three days after the arrest of the company's controlling person or any of the company's owners for any crime other than minor traffic violations.
- If the business is a corporation not domiciled in Delaware, notify the Council office in writing within ten days if the company's registered agent for service of process in Delaware changes.

If the ownership of the business changes, a new application is required.

Example: The business is sold to new owners. The new owners must file a new application. As part of the new application, the new owners and selected controlling person must submit [Certificate of Individual](#) forms to the Council office and arrange for the Council office to receive State of Delaware and Federal Bureau of Investigation criminal background checks.

Renewing Licenses

Appraisal management company registrations expire on October 31 of odd years. Several weeks before the expiration, a notice will be mailed to the business' mailing address on file with the Division of Professional Regulation. Please keep the contact information for the controlling person up-to-date so that notices we send will reach the business. The notice will include instructions on how to renew the registration.



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APPLICATION FOR APPRAISAL MANAGEMENT COMPANY REGISTRATION

COMPANY IDENTIFYING INFORMATION

1. Legal Name: _____
2. Doing Business As (DBA) *if different than legal name*: _____
3. Company **Mailing** Address: _____

City State Zip
4. Business Phone: _____ Business Email: _____
5. Federal Employer Identification Number (EIN): _____ - _____
6. Is the company named above a corporation that is *not* domiciled in Delaware? Yes No If yes, enter the following information about the company's registered agent for service of process in Delaware:
Agent Name: _____ Phone: _____
Agent Address: _____

City Delaware State Zip

MAIN AND BRANCH OFFICES

7. Enter the **physical address** of the company's **main office** that will conduct business in Delaware:

Street Address - No PO Box!

City State Zip
8. Does the company have any *branch offices* that will conduct business in Delaware? Yes No **If yes, enclose a separate sheet listing the address of the physical location of each branch office.**

CONTROLLING PERSON INFORMATION

9. Enter the name of the person selected to be the appraisal management company's controlling person. This person will be the contact for all communication between the Council and the appraisal management company:

First Middle Last Suffix

Submit a signed, completed and notarized *Certificate of Individual* from the controlling person. In addition, arrange for the Council office to receive a State of Delaware and Federal Bureau of Investigation criminal history record on the controlling person.

OWNER INFORMATION

10. Enter the following information about **each** person who has any ownership interest in the company as a principal, partner, officer, director or trustee. If the business has more owners than you can list here, you may copy this page or enclose a separate sheet listing the required information for each additional owner.

OWNER ____
Full Name: _____
Official Capacity (check <u>one</u>): <input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Trustee
Does this person own more than 10% of the company? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, continue entering the following information about this person. If no, continue with the next owner.
Title: _____
Business Address: _____
Residence Address: _____
Phone: _____ Email: _____

OWNER ____
Full Name: _____
Official Capacity (check <u>one</u>): <input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Trustee
Does this person own more than 10% of the company? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, continue entering the following information about this person. If no, continue with the next owner.
Title: _____
Business Address: _____
Residence Address: _____
Phone: _____ Email: _____

OWNER ____
Full Name: _____
Official Capacity (check <u>one</u>): <input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Trustee
Does this person own more than 10% of the company? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, continue entering the following information about this person. If no, continue with the next owner.
Title: _____
Business Address: _____
Residence Address: _____
Phone: _____ Email: _____

Each owner listed who owns more than 10% of the company must submit a signed, completed and notarized *Certificate of Individual*. In addition, arrange for the Council office to receive a State of Delaware and Federal Bureau of Investigation criminal history record on each owner listed who owns more than 10%. Those who own less than 10% are not required to file a *Certificate of Individual* or provide a criminal history record.

INSURANCE

11. Does the company have a surety bond of at least \$20,000? Yes No

Arrange for the Council office to receive proof of a surety bond in the amount of at least \$20,000.

LICENSURE DISCLOSURE

12. Has this company ever held any other license to engage in appraisal management services in any jurisdiction (state, U.S. territory or District of Columbia)? Yes No If yes, enter the following information about each license. If you need more room, enclose a separate sheet with the same information.

JURISDICTION	LICENSE NUMBER	ISSUE DATE	STATUS (current or expired)

Arrange for the Council office to receive a license verification from each jurisdiction listed above, sent directly from the jurisdiction to the Board office.

13. Has the company received any administrative penalties regarding its business as an appraisal management company, 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 its professional conduct and practice, including any voluntary surrender of a license? Yes No **If yes, submit a detailed explanation. Include copies of all appropriate records.**
14. Are any unresolved complaints pending against the company in any jurisdiction? Yes No **If yes, submit a complete explanation. Include copies of all appropriate records.**

CERTIFICATIONS

15. Do you certify that the company has a system and process in place to verify that a person being added to the appraiser panel for the company's appraisal management services in Delaware holds a Delaware license or certification in good standing? Yes No
16. Do you certify that the company has a system in place to review the work of all independent appraisers who are performing real property appraisal services for the company on a periodic basis to confirm that the services are being conducted in accordance with Uniform Standards of Professional Appraisal Practice? Yes No
17. Do you certify that the company maintains a detailed record of each service request that the company receives and the independent appraiser who performs the real property appraisal services for the company? Yes No
18. Do you certify that the company has system in place to train those who select individual appraisers for real property services in Delaware to ensure that the selectors are appropriately trained to place appraisal assignments? Yes No
19. Do you certify that any and all employees of an appraisal management company that perform an appraisal review shall have demonstrated knowledge of the Uniform Standards of Professional Appraisal Practice and hold a valid appraiser license or certification in Delaware or any state? Yes No
20. Do you understand that an appraisal management company registered in Delaware is not permitted to enter into contracts or agreements with an independent appraiser to perform real property appraisal services in Delaware unless that person is licensed or certified in good standing in Delaware? Yes No
21. Do you understand that the appraisal management company is not allowed to prohibit an appraiser from reporting the fee paid to the appraiser in the appraisal report? Yes No

22. Do you understand that any employee, director, officer or agent of a Delaware-registered appraisal management company is not allowed to influence or to try to influence the development, reporting or review of an appraisal through coercion, extortion, collusion, compensation, inducement, intimidation, bribery or any other manner? Yes No
23. Do you understand that an appraisal fee offered or paid may not be based on the predetermined appraised value or range of appraised value of the subject property or the amount of the transaction price? Yes No
24. Except in cases of breach of contract or substandard performance of services, each appraisal management company must pay an independent appraiser for completed appraisal or valuation assignments within 45 days after the date on which the independent appraiser transmits or otherwise provides the completed appraisal or valuation study to the company or its assignee. Do you understand this payment requirement? Yes No
25. Do you understand that an appraisal management company is not permitted to alter, modify, revise or otherwise change a completed appraisal report submitted by an independent appraiser, including removing the signature of the appraiser? Yes No
26. Do you understand that an appraisal management company is not allowed to use an appraisal report submitted by an independent appraiser for any purpose other than the intended use stated in the report? Yes No
27. Do you understand that an appraisal management company is not permitted to remove an appraiser from its appraiser panel (except within the first 60 days after an independent appraiser is first added to the appraiser panel of an appraisal management company) or to otherwise refuse to assign requests for real property appraisal services to an independent appraiser without notifying the appraiser in writing of the reasons that he or she is being removed from the appraiser panel? Yes No

To assure consideration of an application at a meeting, the Council office must receive all of these items *no later than 4:15 p.m. ten full working days (excluding state and federal Holidays) before the meeting date:*

- **Completed, signed and notarized application form, including all applicable *Certificates of Individual forms.***
- **Non-refundable fee payment**
- **All other required documentation, including criminal history reports**

AFFIDAVIT

The applicant, being duly sworn, does depose and say that this application to operate as an appraisal management company is his/her act and deed and that the facts stated herein are true. The applicant agrees to notify the Council if the ownership of the business changes. The applicant agrees to notify the Council in writing, by filing the appropriate *Certificate of Individual forms*, within ten days of any change in the company's owners or company controlling person.

Applicant Signature: _____ **Date:** _____

(If the business is a sole proprietorship, the person who signs this form must be the proprietor. If the business is a corporation, the person who signs this form must be a director of the corporation. If the business is a partnership or an unincorporated association, the person who signs this form must be a partner or member.)

County of _____ State of _____

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

Notary Signature: _____

SEAL

My commission expires on: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED.



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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

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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 detailed explanation. Include copies of all appropriate records.**

15. Are any unresolved complaints pending against you in any jurisdiction? Yes No **If yes, submit a complete explanation. 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 9 am – 7 pm, Tue - Fri 9 am – 3 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

Delaware State Police Troop Four
South DuPont Hwy & Shortley Rd.
Georgetown DE 19947
(Across from DelDOT & the State Service Ctr.)

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 or Sussex Counties 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 \$69.00, 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.

Out-of-State Applicants

1. You can be fingerprinted by your local police agency. All types of fingerprint cards are accepted. If your local police agency cannot provide a fingerprint card, call **(302) 739-2134** to request a fingerprint card.
2. Your *Authorization for Release of Information* form and fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, sex, 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**

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

DO NOT SEND THE FORM OR FEE TO THE BOARD OFFICE



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CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

AUTHORIZATION FOR RELEASE OF INFORMATION

Please print or type all information in black ink.

Check the type of license for which you are applying:

- | | | |
|---|---|--|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT) | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Charitable Gaming Vendor | <input type="checkbox"/> Nursing (RN, LPN, APN) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Texas Hold'em Individual |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers) | | |

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. _____

AUTHORIZATION TO RELEASE INFORMATION

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.