

**State of Florida
Department of Business and Professional Regulation
Florida Real Estate Appraisal Board
Appraisal Management Company – Amendment
Form # DBPR FREAB – 3**

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION REQUIREMENTS

Fees:

- To add Representative: no fee
- To remove Representative: no fee

Each Authorized Representative being added must submit:

- Electronic fingerprints. See Section 1(b) of Instructions.
- Supporting legal documentation, if necessary. See Section 2(e-f) of Instructions.
- Proof of satisfaction of judgments, if applicable.
- Signed Affirmation by Written Declaration.

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399-0783

Information:

Every Authorized Representative (a person who possesses the authority to direct management or policies of the appraisal management company) must apply and be registered with the Department.

Authorized Representatives of the Appraisal Management Company are any of the following:

- All officers and directors (if the Appraisal Management Company is a corporation or any other business entity with officers or directors)
- All members and managers (if the Appraisal Management Company is a LLC)
- All partners (if the Appraisal Management Company is a partnership)
- All owners or members (if the Appraisal Management Company is a business entity other than those described above)
- Each other person who owns or controls 10% or more of an ownership interest in the Appraisal Management Company.

Instructions:

Section I - Application Type

- a. Check the appropriate Appraisal Management Company type.
- b. Enter the license number issued to the company by the Florida Real Estate Appraisal Board.
- c. Enter the Name and phone number of the person the Florida Real Estate Appraisal Board can contact should they have questions about this request.
- d. Enter the location you are doing business from and that is registered with the Florida Real Estate Appraisal Board.
- e. Enter the mailing address you can be contacted at and is registered with the Florida Real Estate Appraisal Board.
- f. Enter the name of the authorized representative and make the appropriate action you are taking for this individual. **REMOVE** - If you are removing an authorized representative skip to Section VI and sign the affirmation of written declaration. If you are adding an individual. **ADD** - if you are adding an individual to your company's list of authorized representatives, they will require the Background Information Form and electronic fingerprints. For information on how to complete your electronic fingerprints, please visit http://www.myfloridalicense.com/dbpr/servop/testing/documents/finger_faq.pdf to locate a Live Scan Service Providers in your area and retrieve the ORI number that you will need to submit to the vendor to have your prints electronically submitted to the Florida Real Estate Appraisal Board.

Section II - Personal Information for Authorized Representative Being Added

- a. Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
- b. In the Full Legal Name section provide your full legal name as it appears on your Social Security card. Do not use any nicknames or initials. Please list any aliases or prior names in the prior name information section.
- c. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- d. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
- e. Applicants are required to provide at least one physical address – i.e., not a P.O. Box. If the mailing address is not also your physical address, please provide a physical address.
- f. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.

- g. Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
- h. Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.

Section III- Background Questions

- a. The authorized representative(s), as specified in the section, must submit answers to each of the background questions.
- b. For each "Yes" answer the person must provide an explanation in Section XI or XII, as applicable.
- c. The number of "Yes" boxes checked must equal the number of explanation boxes completed.
- d. If you answered "YES" to any question, please provide full explanations as required below. If you have more than three offenses to document in Section XI or more than two in Section XII, attach additional copies as necessary.

Section IV - Explanations for Background Questions 1 and 2

- a. For this section, provide as much detail as possible.
- b. Each explanation can only relate to one person and one question.
- c. Question 1: If you answer "yes" to this question, you must complete Section IV [*make additional copies as necessary*] of the application please provide the full details of the criminal charges including dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending. If you answer NO to this question because you believe that previous incidents have been dismissed, no action taken, nolle prossed, or expunged, you may be asked to supply documentation as proof of the disposition.
- d. Question 2: If you answer "yes" to this question, you must complete Section IV [*make additional copies as necessary*] of the application and you must also supply documentation proving the bankruptcy has been discharged or the judgment or lien has been satisfied, or if not, stating the current status of the bankruptcy, judgment or lien.

Section V - Explanations for Background Questions 3 and 4

- a. For this section, provide as much detail as possible.
- b. Each explanation can only relate to one person and one question.
- c. Question 3: If you answer "yes" to this question, you must complete Section XII [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
- d. Provide the full details explaining the denial or pending administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application.
- e. Question 4: If you answer "yes" to this question, you must complete Section XII [*make additional copies as necessary*] of the application and supply copies of the order(s) (if applicable) showing the disciplinary action taken against the license or documentation showing the status of the pending action.
- f. Provide the full details of any administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application.
- g. Submit supporting legal documentation, if necessary, with this application.

Section VI- Affirmation by Written Declaration

- a. **All authorized representatives must sign an Affirmation by Written Declaration.**

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If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.

Section I – Application Type

CHECK YOUR APPRAISAL MANAGEMENT COMPANY TYPE				
<input type="checkbox"/> Corporation/Professional Association/LLC	<input type="checkbox"/> Sole Proprietorship			
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other			
FILL OUT APPRAISAL MANAGEMENT COMPANY INFORMATION				
Name of Appraisal Management Company:				
License # of Appraisal Management Company:				
Contact Person Name: _____ Phone Number: () -				
Contact Person Email Address: _____ AMC Email Address: _____				
BUSINESS LOCATION ADDRESS				
Street Address				
City	State	Zip Code (+4 optional)		
County (if Florida address)		Country		
MAILING ADDRESS				
Street Address				
City	State	Zip Code (+4 optional)		
County (if Florida address)		Country		
ADD/REMOVE AUTHORIZED REPRESENTATIVE				
New Representatives will have to complete the attached background questions and electronic fingerprinting.				
(1) Last/Surname	First	Middle	Suffix	Check one: <input type="checkbox"/> Add <input type="checkbox"/> Remove
(2) Last/Surname	First	Middle	Suffix	Check one: <input type="checkbox"/> Add <input type="checkbox"/> Remove
(3) Last/Surname	First	Middle	Suffix	Check one: <input type="checkbox"/> Add <input type="checkbox"/> Remove
(4) Last/Surname	First	Middle	Suffix	Check one: <input type="checkbox"/> Add <input type="checkbox"/> Remove
(5) Last/Surname	First	Middle	Suffix	Check one: <input type="checkbox"/> Add <input type="checkbox"/> Remove

Section II – Personal Information for Authorized Representative Being Added

The following Sections need to be completed for each Authorized Representative being added to the Appraisal Management Company who owns or controls 10% or more of an ownership interest				
PERSONAL INFORMATION				
Social Security Number*				
FULL LEGAL NAME				
Last Name	First	Middle	Title	Suffix
Birth Date (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Corporate Title		
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
PRIOR NAME INFORMATION				
Have you used, been known as, or been called by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If your answer is yes, state name or names used below:				
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business & Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business & Professional Regulation to identify licensees for tax administration purposes.

Section II– Authorized Representative Personal Information - continued

ADDITIONAL BUSINESS INFORMATION			
Have you conducted business as an Appraisal Management Company within the last five years?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, please list the business name of the Appraisal Management Company(s) below:			
CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list them below (attach additional copies if necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	

Section III– Background Questions

BACKGROUND QUESTIONS	
<p>If YES to questions 1 or 2, please complete section IV. If YES to questions 3 or 4, please complete section V.</p>	
<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>1. Have you ever been convicted or found guilty of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, your profession? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.</p>
<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?</p>
<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>3. Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?</p>
<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>4. Have you ever had any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?</p>

If you answered "YES" to questions 1 – 4 above, please refer to Sections 2(d-f) of Instructions for detailed instructions on providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section V for your response to questions 1 and 2, and complete Section VI for your response to questions 3 and 4. If you have more than three offenses to document in Section V or two offenses in Section VI, attach additional copies as necessary.

Section IV– Explanations for “Yes” answers to Questions 1-2

EXPLANATION		
This explanation relates to question # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2		
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

EXPLANATION		
This explanation relates to question # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2		
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

EXPLANATION		
This explanation relates to question # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2		
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

Section VI –Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION

Note: All authorized representatives must sign an Affirmation by Written Declaration.

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

I further understand that I am competent and qualified to engage in appraisal management services with safety to the general public and those with whom the person may undertake a relationship of trust and confidence and that I pledge to comply with the Uniform Standards of Professional Appraisal Practice upon registration and understand the types of misconduct for which disciplinary proceedings may be initiated.

Print Name:

Date:

Signature: