

APPRAISAL MANAGEMENT COMPANY LICENSE APPLICATION

Authority: 1980 PA 299

Applicant Name		
Principal Place of Business Address (P.O. Box alone is insufficient)		Telephone Number
City	State	ZIP Code
Primary Contact Person		Attorney or Michigan Certified Appraiser License Number 1201-
Contact Telephone Number		E-mail Address

Additional Required Documents

Statement of Ownership: Provide a complete listing of any individual, corporation, partnership, or other business entity that owns 10% or more of the appraisal management applicant and each individual or representative of the entities listed must sign.

Controlling Persons: Provide a listing of the name, address, and contact information for any controlling person of the applicant, pursuant to MCL 339.2661(h).

Consent to Service of Process. May be found under **Forms & Publications** at www.michigan.gov/amc.

Certification

I certify that this Appraisal Management Company has a system and process in place to verify that an individual the company is adding to its appraiser panel is licensed pursuant to Article 26A of the State of Michigan Occupational Code, 1980 PA 299.

I certify that this Appraisal Management Company has a system in place to periodically review the work of appraisers who perform real estate appraisal services for this company to verify that the real estate appraisal services are being conducted in accordance with the uniform standards of professional appraisal practice.

I certify that this Appraisal Management Company maintains a detailed record of each service request that is received and the identity of the independent appraiser that performs the real estate appraisal services for the appraisal management company and that these records are retained for at least five (5) years.

I certify that this Appraisal Management Company has a system in place to verify that each individual on its appraiser panel has not had his or her license as an appraiser refused, denied, canceled, revoked, or surrendered in lieu of a pending revocation in the 24 months preceding the date of the company's certification.

I certified that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.

_____ Signature _____ Date

CHECK THE LICENSE TYPE	FOR OFFICE USE ONLY	
AMC Application Fee \$ 500.00 1202-01=\$2,000.00 Three Year License Fee \$ 1,500.00	License Number	Issue Date
Make your check or money order in U.S. Currency payable to: <p style="text-align: center;">STATE OF MICHIGAN</p>		
FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152, AND ARE NOT REFUNDABLE.		

APPRAISAL MANAGEMENT COMPANY Statement of Ownership

List below any individual, corporation, partnership, or other business entity that owns 10% or more of the appraisal management applicant. *Make additional copies of this page, if necessary.*

NOTE: A background investigation will be completed for any individual who owns more than 10% of the applicant company.

Name			MI License Number (if applicable)	
Street Address			City	
State	ZIP Code	Telephone Number	E-mail Address	
Have you ever had an appraisal license or certificate to act as an appraiser refused, denied, canceled or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was that license or certificate subsequently granted or reinstated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of, or entered a plea of guilty or nolo contendere to, a felony relating to the practice of appraisal or any crime involving fraud, misrepresentation, or moral turpitude? <input type="checkbox"/> Yes <input type="checkbox"/> No				
I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to conduct a background investigation.				
Signature			Date	

Name			MI License Number (if applicable)	
Street Address			City	
State	ZIP Code	Telephone Number	E-mail Address	
Have you ever had an appraisal license or certificate to act as an appraiser refused, denied, canceled or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was that license or certificate subsequently granted or reinstated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of, or entered a plea of guilty or nolo contendere to, a felony relating to the practice of appraisal or any crime involving fraud, misrepresentation, or moral turpitude? <input type="checkbox"/> Yes <input type="checkbox"/> No				
I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to conduct a background investigation.				
Signature			Date	