

JULY 2012

**RE: APPRAISAL MANAGEMENT COMPANY  
LICENSE RENEWAL APPLICATION PROCEDURES**

The Appraisal Management Company License Renewal Application is attached. The license expires annually on August 31. Application for renewal of a license is considered timely filed if received by the Department of Commerce before the date of the license expiration. A licensee failing to make timely application for renewal of the license is unlicensed until the renewal license has been issued by the commissioner and is received by the licensee.

An application for renewal is considered properly filed if made upon this form, accompanied by fees prescribed by this chapter, and containing the required information (see below).

Licenses timely and properly renewed are valid for a period of 12 months (that is, until August 31, 2013).

#### Required Information

**Only the requested information having changed from the most recent prior application must be submitted.** In other words, complete only those sections of the form that ask for information that has changed since you submitted your previous application. If none of the information from your most recent prior application has changed, complete only the first page of the application and the Affidavit of Official Signing Application and submit them with the required fee.

#### Fee

The \$2,650 non-refundable fee for license renewal, in the form of a check made payable to “**Minnesota Department of Commerce,**” must accompany the application. In accordance with Minn. Stat. §16E.22, this fee includes a \$150 OET surcharge, which is being collected on behalf of the Minnesota Office of Enterprise Technology to fund a statewide electronic licensing system.

#### Mailing Instructions

Mail or deliver the completed, signed application, together with the fee and any supporting documents to the Department of Commerce, Licensing Division, 85 – 7th Place East, Suite 500, St. Paul, Minnesota 55101-2198. Should there be any questions, please contact the Licensing Division at (651) 296-6319 or [licensing.commerce@state.mn.us](mailto:licensing.commerce@state.mn.us).

On your application, the Minnesota Department of Commerce is requesting information, such as Social Security numbers, that is classified as “private data” under the Minnesota Government Data Practices Act (*Minnesota Statutes*, chapter 13). The Data Practices Act requires any governmental entity asking an individual to supply private data to inform the individual of:

- (a) the purpose and intended use of the requested data;
- (b) whether the individual may refuse to supply the requested data or is legally required to supply it;
- (c) any known consequence of supplying or refusing to supply private data; and
- (d) the identity of other persons or entities authorized by state or federal law to receive the data.

The information contained in (a)-(d) is called a “Tennessee Warning” and is set forth below. The Tennessee Warning also satisfies the federal notice requirement under 5 U.S.C. § 552a Note, which is triggered by our request for Social Security numbers in the application. If the Commissioner of Commerce issues a license to you, all information contained in your application, except any Social Security number(s) and nondesignated addresses, will be public pursuant to *Minnesota Statutes*, section 13.41, subdivision 5.

## **TENNESSEN WARNING**

### **(a) Purpose and Intended Use of the Data**

The data you give us about yourself is needed to:

- Identify you;
- Enable us to contact you when required;
- Assist us in determining your qualifications and eligibility for the license you are applying for;
- Comply with certain federal and state reporting requirements; and
- Evaluate the administration and management of this licensing/registration program.

### **(b) Disclosure: Mandatory or Voluntary?**

You are legally required to supply all of the data required on the application pursuant to Minnesota Statutes, section 82C.03. In particular, you must provide your Minnesota business identification number pursuant to Minnesota Statutes, section 270C.72, subdivision 4.


### **(c) Consequences of Supplying or Refusing to Supply Requested Data**

If you supply all of the requested data, your application will be processed. If you refuse to supply data requested on the application, your application will not be processed. Whatever information you do supply to the Department will be maintained by us, whether or not the application is approved.

### **(d) Others Authorized to Receive the Data**

The information about you that is collected on the application will be classified as either public or private data. Public data will be accessible to the public. Private data about you will be accessible only to:

- You;
- State personnel who determine your eligibility for licensure;
- Employees of license database vendors;
- The Minnesota Department of Revenue (Minnesota Statutes, section 270C.72, subd. 4);
- The public authority responsible for child support in Minnesota (Minnesota Statutes, section 256.978);
- Any appropriate person(s) or agency, if the Commissioner of Commerce determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety;
- Person(s) authorized by a court order; or
- Any other person authorized by state or federal law.

<p><b>STATE OF MINNESOTA DEPARTMENT OF COMMERCE LICENSING DIVISION 85 – 7th PLACE EAST, SUITE 500 ST. PAUL, MINNESOTA 55101-2198 (651) 296-6319</b></p>  <p><b>APPRAISAL MANAGEMENT COMPANY LICENSE RENEWAL APPLICATION</b></p>	OFFICE USE ONLY	CASHIER USE ONLY
	Review _____	
	Data Entry _____	
	License Number	Processing Date

Please read the application carefully. **Only the requested information having changed from the most recent prior application must be submitted.** The application must be completed and signed by the applicant. **Please return the completed application to the Department of Commerce at the above address.** Keep a copy of the application for your records. For further information on the application process, applicants may contact the Licensing Division at (651) 296-6319 or via e-mail, [licensing.commerce@state.mn.us](mailto:licensing.commerce@state.mn.us). This application form is available on the Department of Commerce appraiser licensing website: [www.commerce.state.mn.us](http://www.commerce.state.mn.us).

**1. APPLICANT INFORMATION**

\_\_\_\_\_  
Name of the Corporation, Partnership, Association, LLP, LLC, or other business entity

\_\_\_\_\_  
Name under which Appraisal Management Company business will be conducted in Minnesota (dba or Assumed Name)

\_\_\_\_\_  
Principal Street Address and Suite or Room Number (P.O. Boxes are not acceptable)

City	State	Zip Code	County
( )	( )		

Business Phone Number	Business Fax Number	Business E-mail Address
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Check one:  Corporation    Limited Liability Company    Association  
 Partnership    Limited Liability Partnership    Other

Domicile of Company:    Minnesota    Nonresident

Federal Tax Identification Number: \_\_\_\_\_ MN License #: \_\_\_\_\_

Minnesota State Tax Identification Number (if applicable): \_\_\_\_\_

- A Minnesota Corporation, Limited Liability Company, or Association must furnish a filed copy of the Certificate of Authority from the Secretary of State.
- A foreign corporation or company must furnish a filed copy of Certificate of Authority to transact business in the State of Minnesota from the Secretary of State (651-296-2803).
- A legal entity applicant must provide a Certificate of Good Standing from the state of domicile.
- If operating under any name other than the exact corporate, partnership, association, LLP or LLC, attach a filed copy of the Assumed Name Certificate from the Minnesota Secretary of State.
- A Partnership must include a copy of the Partnership Agreement.

**2. Does the applicant intend to conduct business on the Internet?**

YES     NO    If YES, list the website address: \_\_\_\_\_

**3. If a Partnership, give name and resident address below; if a Limited Liability Company, give names and resident addresses of the board of governors, chief manager and treasurer; if a Corporation or Association, give names, titles and resident addresses of the directors, trustees and principal officers. A biographical statement (as provided with this application) must be submitted for each individual listed.**

Full Name of Officer	Official Title	% of Ownership	Residence Address	Phone Number and E-mail Address

(Use separate sheet if additional space is needed)

**Complete for the holders of 10 percent or more of the issued and outstanding stock or membership interest of the applicant corporation or limited liability company. A biographical statement (as provided with this application) must be submitted for each individual listed.**

Full Name of Officer	Official Title	% of Ownership	Residence Address	Phone Number and E-mail Address

(Use separate sheet if additional space is needed)

**(Item 3 continued).** Name, phone number, address, and e-mail address of a designated controlling person (as defined on the second page of the application instructions).

Name		(      ) Phone	
Address	City	State	Zip Code
Business E-mail Address			

4. **The following questions must be reviewed and answered by each of the individuals listed in item 3. If any individual answers “YES” to any question(s), identify that individual and provide a detailed written explanation and supporting legal documentation with the application.**

Has the applicant or any person listed above:

YES NO

- a. Been a defendant in any lawsuit involving claims of gross negligence, fraud, misrepresentation, mismanagement of funds, conversion, breach of fiduciary duty, breach of conduct, or deceit?
- b. Been the subject of any inquiry or investigation by the Minnesota Department of Commerce or ever been censured, suspended, revoked, cancelled or terminated or been the subject of any type of administrative action in any state including Minnesota, or by any other federal regulatory agency?
- c. Been found by any civil court to have failed to account to a client or customer for money or property collected for or on behalf of the client or customer?
- d. Been a principal or officer of any firm, corporation, partnership, or association, which has filed a bankruptcy petition, been declared bankrupt or filed personal bankruptcy?
- e. Been charged with, indicted for, or convicted of, or entered a plea to, any criminal offense (felony, gross misdemeanor or misdemeanor), other than traffic violations, in any state or federal court?
- f. Been notified by the Commissioner of Revenue pursuant to Minn. Stat. § 270.72 of delinquent taxes which are currently owed to the State of Minnesota?
- g. Have any unclaimed property (unclaimed funds or property over three years old) to report under Minn. Stat. § 345?

**For each question answered “YES,” provide a detailed written explanation and supporting legal documentation with the application.**

5. Does any principal, owner, officer, director, or employee of the applicant have an ownership interest in or connection with any other licensee under Minnesota Statutes, Chapter 82C?

YES  NO If YES, explain: \_\_\_\_\_

6. Has any member of applicant's organization previously held a license under Minnesota Statutes, 82C?  YES  NO If YES, explain: \_\_\_\_\_

7. Do you now operate or have you previously operated an appraisal management company business in any other state?

YES  NO If YES, list the state and the license name and type in that state: \_\_\_\_\_

8. Will any other business licensed/registered by the Minnesota Department of Commerce, or required to be licensed/registered by the Minnesota Department of Commerce, be conducted in addition to that specifically authorized by Chapter 82C?

YES  NO If YES, explain nature of business: \_\_\_\_\_

9. **AGENT FOR SERVICE OF PROCESS** (*Nonresidents only*)

Name, phone number, address, and e-mail address of business entity's agent for service of process in Minnesota.

\_\_\_\_\_  
Name ( ) Phone

\_\_\_\_\_  
Address City State Zip  
Code

\_\_\_\_\_  
Business E-mail Address

10. **APPOINTMENT OF COMMISSIONER AS AGENT FOR SERVICE OF PROCESS**

Service of process must be made in accordance with section 45.028, subdivision 2. **Attach the completed two-page "Uniform Consent to Service of Process" enclosed with this application.**

Any business entity or other person who knowingly engages in business activities that are regulated under Chapter 82C, with or without filing an application, is considered to have done both of the following:

- (1) consented to the jurisdiction of the courts of Minnesota for all actions arising under Chapter 82C; and
- (2) appointed the commissioner as the lawful agent for the purpose of accepting service of process in any action, suit, or proceeding that may arise under Chapter 82C.

11. **PROOF OF WORKERS' COMPENSATION**

Do you have employees in the State of Minnesota? Check the applicable box.

- YES.** Provide proof of workers' compensation insurance (as required by Minn. Stat. §176.182).
- NO.** Please explain, on a separate sheet or in the space below, how operations will be transacted.

Failure to provide satisfactory evidence of insurance or proper exemption will result in withholding of approval.

12. **ENCLOSURES TO ACCOMPANY APPLICATION.** Check the box if the item is included in the application. **Other than the required fee (item a) and the Affidavit of Official Signing Application Form (item i), an item listed below must be submitted only if it is associated with information that changed from the most recent prior application.**

- a. Fee. A check (only) for \$2,650 made payable to "Minnesota Department of Commerce."
- b. Attach a copy of the Certificate of Incorporation from the **Minnesota Secretary of State**. If incorporated in another jurisdiction, attach a copy of the "Certificate of Foreign Corporation" from the **Minnesota Secretary of State** (651-296-2803).
- c. If other than a corporation, attach a copy of the Articles of Organization from the **Minnesota Secretary of State** (651-296-2803).
- d. If applicant is a partnership, attach a partnership agreement.
- e. The name under which the business will be conducted must be exactly the same as the name under which the license will be issued. If operating under any name other than the exact corporate or partnership name, attach a copy of the "Assumed Name Certificate" issued by the **Minnesota Secretary of State**.
- f. Certificate of good standing from the state of domicile.
- g. If applicant has Minnesota employees, provide evidence of current workers' compensation coverage.
- h. Affidavit of Designated Controlling Person form.
- i. Affidavit of Official Signing Application form.
- j. Uniform Consent to Service of Process and acknowledgement form (non-residents only).
- k. Biographical Statement(s) – For individuals listed in item 3.
- l. Minnesota Bureau of Criminal Apprehension (BCA) form.

**AFFIDAVIT OF DESIGNATED CONTROLLING PERSON**

I hereby certify that I am not currently subject to any cease and desist order or injunctive order that would preclude involvement with an appraisal management company, and I have never been the subject of an order suspending, revoking, or denying a certification, registration, or license for real estate services, or a final order barring involvement in any industry or profession issued by this or another state or federal regulatory agency.

\_\_\_\_\_  
Signature of Official

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**NOTARY SEAL**

\_\_\_\_\_  
Notary Public Signature

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

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

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



**AFFIDAVIT OF OFFICIAL SIGNING APPLICATION**

I hereby certify that all the information contained in this application and any accompanying documents are true and correct to the best of my knowledge. I certify that this document has not been altered or changed in any manner from the form adopted by the Department of Commerce.

I further certify that \_\_\_\_\_ :  
(Name of Corporation, Partnership, LLP, LLC, or other business entity)

- has a system and process in place to verify that a person being added to the employment or appraiser panel of the appraisal management company for appraisal services within Minnesota holds an active appraisal license in Minnesota pursuant to chapter 82B;
- has a system in place to review the work of all employed and independent appraisers that are performing real estate appraisal services for the appraisal management company on a periodic basis to verify that the real estate appraisal assignments are being conducted in accordance with USPAP and chapter 82B;
- maintains a detailed record of each service request that it receives and the independent appraiser that performs the real estate appraisal services for the appraisal management company, pursuant to section 82C.13;
- will appropriately train employees and ensure that they are familiar with the appraisal process; and
- has a system and process in place to verify that a person being added to the appraiser panel of the appraisal management company holds a license in good standing in Minnesota pursuant to chapter 82B.

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

I, \_\_\_\_\_, of the  
Name and Title of Official  
\_\_\_\_\_, organized in the State  
(Name of Corporation, Partnership, LLP, LLC, or other business entity)

of \_\_\_\_\_, do hereby declare that I am duly authorized to file the foregoing application and that the statements and representations set forth therein are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Official

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.


**NOTARY SEAL**

\_\_\_\_\_  
Notary Public Signature

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

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

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

<p>STATE OF MINNESOTA</p>  <p><b>Department of Commerce</b></p>	<p>Commissioner of Commerce State of Minnesota Department of Commerce Licensing Division 85 – 7th Place East, Suite 500 St. Paul, Minnesota 55101-2198 (651) 296-6319</p>	<p><b>APPRAISAL MANAGEMENT COMPANY LICENSE APPLICATION</b></p>
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**UNIFORM CONSENT TO SERVICE OF PROCESS**  
**Page 1 of 2**

KNOW ALL BY THESE PRESENTS:

That the Appraisal Management Company license applicant, \_\_\_\_\_,  
**(Circle one of the following):**

(a corporation organized under the laws of the state of \_\_\_\_\_)

(a limited liability company) (a general or limited partnership) (an association) (other \_\_\_\_\_),

for the purpose of complying with the laws of the State of Minnesota relating to appraisal management services, hereby irrevocably appoints the Commissioner of Commerce, and the successors in such office, its attorney in the State of Minnesota upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of or in connection with the business of appraisal management services or out of violation of the aforesaid laws of said state; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within said state by service of process upon said officer with the same effect as if the undersigned was organized or created under the laws of said state and had lawfully been served with process in said state.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

\_\_\_\_\_  
(Name and address)

\_\_\_\_\_

Dated: \_\_\_\_\_, \_\_\_\_\_.

By \_\_\_\_\_

Title: \_\_\_\_\_

(Seal)

By \_\_\_\_\_

Title: \_\_\_\_\_

**COMPLETE THE APPROPRIATE ACKNOWLEDGEMENT SECTION ON THE NEXT PAGE**

**UNIFORM CONSENT TO SERVICE OF PROCESS**

**Page 2 of 2**

**CORPORATE ACKNOWLEDGMENT**

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_) ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_ and \_\_\_\_\_, known personally to me to be the \_\_\_\_\_ President and \_\_\_\_\_ Secretary, respectively, of the above named corporation, and that they, as such officers, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by themselves as such officers.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

**NOTARY SEAL**

\_\_\_\_\_  
Notary Public Signature

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

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

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

**NONCORPORATE ACKNOWLEDGMENT**

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_) ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_, to me personally known and known to be the same person(s) whose name(s) is(are) signed to the foregoing instrument, and acknowledged the execution thereof for the uses and purposes therein set forth.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

**NOTARY SEAL**

\_\_\_\_\_  
Notary Public Signature

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

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

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

BIOGRAPHICAL STATEMENT  
THIS FORM MUST BE USED IN ITS ENTIRETY

INSTRUCTIONS

Complete all items, submit and sign all copies. If more space is needed, attach an additional sheet and identify the item by number.

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Name and location of proposed appraisal management company

1. Full Name and Social Security Number

SSN:

2. Other names you have used or are now using (if none, so state)

3. General Information

Date of Birth

Place of Birth

4.

Business Address

City

State

Phone

Email

Residence Address

City

State

Phone

Email

Address

Phone

5. What is your highest level of education? Check one.

- Less than High School
- High School Graduate
- Some higher education but no degree
- B.S. or B.A. degree
- Masters degree or higher

6. Present occupation or business activities (describe in detail, giving name, address and type of business)

7. Past occupations and business activities (describe in detail or attach a resume)

8. a. Have you ever been discharged from employment for reasons other than lack of work?  
 YES  NO If answer is YES, explain fully.

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b. Have you ever been required by a former employer to tender your resignation?  
 YES  NO If answer is YES, explain fully.

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9. a. Are you currently subject to any cease and desist order or injunctive order that would preclude involvement with an appraisal management company?  
 YES  NO

b. Have you ever voluntarily surrendered in lieu of disciplinary action an appraiser certification, registration, or license, or an appraisal management company license?  
 YES  NO

c. Have you ever been the subject of a final order revoking or denying an appraiser certification, registration, or license, or an appraisal management company license?  
 YES  NO

d. Have you ever been the subject of a final order barring involvement in any industry or profession issued by this or another state or federal regulatory agency?  
 YES  NO

10. Give names and address of three (3) business references from within the real estate appraisal industry who can attest to your character, reputation, experience, financial responsibility, and general fitness.

<u>Name</u>	<u>Address</u>
a. _____	_____
b. _____	_____
c. _____	_____





**STATE OF MINNESOTA  
DEPARTMENT OF COMMERCE**  
Licensing Division  
85 – 7th Place East, Suite 500  
St. Paul, Minnesota 55101  
(651) 296-6319

**APPRAISAL MANAGEMENT COMPANY  
LICENSE APPLICATION**  
  
**MINNESOTA BUREAU OF CRIMINAL  
APPREHENSION (BCA) FORM**

The data that you furnish on this form will be used by the Department of Commerce to assess your qualifications for a license. **Individuals listed in item 3 on the license application form must complete this BCA form.** Disclosure of your social security number is voluntary; however, if not provided, the Department of Commerce may be unable to grant a license. The Department of Commerce requires this information and may conduct criminal history checks and/or verify tax identification information and for revenue recapture as authorized by Minnesota Statutes, Chapter 270A. **After issuance of a license, all information contained in this application, except your social security number, is public pursuant to Minnesota Statutes, Chapter 13.**

TO: Bureau of Criminal Apprehension and Minnesota Department of Revenue  
RE: Request for Criminal Background Check  
Request for Disclosure/Verification of Tax Identification Number

**\*\*\*PLEASE PRINT\*\*\***

\_\_\_\_\_  
Name of applicant (or qualifying person)

\_\_\_\_\_  
Title or position in the company

\_\_\_\_\_  
Social Security Number of applicant (or person in control)

\_\_\_\_\_  
Applicant's (or person in control's) date of birth

\_\_\_\_\_  
Type of license for which you are applying

**The following section should only be completed if you are applying for a company (rather than individual) license:**

Name of the company: \_\_\_\_\_

Company's State Tax identification Number: \_\_\_\_\_

**The following section to be completed by all applicants:**

I, \_\_\_\_\_  
(Full First Name) (Full Middle Name) (Full Last Name)

have made application to the Minnesota Department of Commerce for a regulated professional license. I am either the applicant or the limited/general partner, a manager, a shareholder of the applicant owning 10% or more of the stock, or an employee with the authority to exercise management/policy control over the company. I hereby request/authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes, and the Minnesota Department of Revenue to disclose/verify the company's tax I.D. number.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**NOTE TO BUREAU OF CRIMINAL APPREHENSION / MN DEPARTMENT OF REVENUE:**

Please enclose completed background investigation or tax identification information in a sealed envelope along with this letter.