APPRAISER CERTIFICATION AND LICENSURE BOARD



3000 Market Street NE, Suite 541 Salem, OR 97301 503-485-2555 503-485-2559-Fax

APPRAISALMANAGEMENT COMPANY CHANGE OF SUBJECT INDIVIDUAL FORM

Please submit the following when *adding or changing* a Subject Individual:

- A resume of the past five (5) years of work experience
- A background check for *each* new subject individual See fingerprint instructions form page 3
- Applicable fees (\$100 non-refundable processing fee and \$42.75 for the criminal background check for *each* individual)

There is no cost to <u>remove</u> a Subject Individual.

Name of Appraisal Management Company: _____

Registration Number:

Name of Subject Individual(s) as it appears on registration:

Remove Subject Individual:

Name:	Position or Title:
Check one:	
Controlling Person 10% or more Owner	Percentage of Ownership:

Add Subject Individual:

Name:			Position or Title:		
Check One:					
Controlling Person 10% or more Owner		Percentage of Ownership:			
Home street address:			Home Mailing Address, if different:		
City:	State:	Zip:	City:	State:	Zip:
Home Phone:			Email:		
Office Street Address:			Office Mailing Address, if different:		
City:	State:	Zip:	City:	State:	Zip:
Office Phone:			Fax:		
Social Security Number:			Date of Birth (mm/dd/yyyy):		
Driver's License No./State of	Issue:		E-mail:		

FOR BOARD USE ONLY					
Criminal background check conducted: □ LEDS Date:	□ Fingerprint card/livescan	Date card submitted to OSP:			
Name(s) of authorized designee(s) completing fitness determination:					
Final fitness determination outcome: □ Approved □ Denied	Date:	-			

BACKGROUND CHECK AUTHORIZATION

Each subject individual, as defined in OAR 161-500-0000(6), n			
Name:	Position or Title: Home mailing address, if different:		
Home street address:			
City: State: Zip:	City: State: Zip:		
Home Phone"	E-Mail:		
Office street address:	Office mailing address, if different:		
City: State: Zip:	City: State: Zip:		
Office phone:	Fax:		
Social Security Number:	Date of birth (mm/dd/yyyy		
Driver's license No./State of Issue:	Percentage of ownership:		
Have you IN THE LAST TEN YEARS entered a plea of node guilty of or convicted of a <i>misdemeanor</i> ? If yes, and the inform submitted in a prior application to the Board, on a separate she of the offense and identify the location of jurisdiction of the pr final court documents identifying charges and assessing penalt	mation has not been previously eet of paper fully explain the facts roceedings. Include a copy of <u>all</u>		
Have you EVER been reprimanded or fined or had a license, suspended, revoked, restricted, denied, or surrendered in this o that has granted you a license, certificate or registration to engatrade or profession? If yes, on a separate sheet of paper please documentation that describes the charges against you and the a	or any other state by any agency age in a regulated occupation, e explain and provide a copy of any		
Have you had any entry of any money judgments that are not p	paid in full?		
Have you filed for voluntary or involuntary bankruptcy protect	tion during the past 10 years? \Box Yes, explain below: \Box No		

I understand that the Board conducts criminal background checks on all subject individuals and that my signature on this application is my consent for the Board to conduct such a criminal offender record check in connection with this application.