



## APPRAISER CERTIFICATION AND LICENSURE BOARD

3000 Market Street NE, Suite 541  
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### APPRAISAL MANAGEMENT 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 remove 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 <input type="checkbox"/> 10% or more Owner <input type="checkbox"/>	Percentage of Ownership:

#### Add Subject Individual:

Name:	Position or Title:
Check One: Controlling Person <input type="checkbox"/> 10% or more Owner <input type="checkbox"/>	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: \_\_\_\_\_

