

APPRAISER CERTIFICATION AND LICENSURE BOARD

3000 Market Street SE, Suite 541 Salem, Oregon 97301 Telephone (503) 485-2555 Fax (503) 485-2559 www.oregonaclb.org

APPRAISAL MANAGEMENT COMPANY RENEWAL APPLICATION

PLEASE READ CAREFULLY: Type or print legibly in ink the following information required to renew your registration. Your renewal application must be **complete** and **received** (postmark date is not acceptable) in the ACLB office no later than the expiration date of your current registration to maintain an active status and to avoid paying a \$100 late fee. **You must include the following with your renewal application:**

- A list containing the certificate or registration numbers issued by any state to do business as an appraisal management company.
- A surety bond as required by ORS 674.210. (Must be in favor of: Oregon ACLB)
- \$3000 Non-Refundable Renewal Fee.

Renewals received after the expiration date and within one year of the date of expiration of the registration shall be assessed a late fee of \$100 in addition to the renewal fee.

1. Appraisal Management Company Contact Information: AMC Registration No. Name: Type of entity: Physical address: State: ZIP: City: Mailing address (if different): ZIP: City: State: Business Phone: Fax: Name of Contact Person: Title: Address/City/State/Zip: **Contact Phone:** Business Website: Contact E-mail: Phone: □ Visa □ Mastercard Credit Card Number: Expiration Date: Name of cardholder as shown on credit card: 3-digit Security Code Cardholder Signature: Amount:

tion:		
Title:		
State:	ZIP:	
State:	ZIP:	
Fax:		
7 4		
h person who shall have an in artner, Officer, Director or Tr	nterest in the appraisal mai ustee, specifying the capaci heet of paper. Phone • Fax • E-	nagement
Street:	Phone:	⁷⁰ %
City: State/ZIP:	E-mail:	
Street:	Phone:	%
City:	E-mail:	
State/ZIP:		
Street:	Phone:	%
City:	E-mail:	
State/ZIP:		
Street:	Phone:	%
City:	E-mail:	
State) Zii .		
	State: State: Fax: Ing stockholders) who owns 1 h person who shall have an inartner, Officer, Director or Tred, please attach a separate s Address Street: City: State/ZIP: Street: City: State/ZIP: Street: City: State/ZIP:	State: ZIP: State: ZIP: State: ZIP: Fax: State: SIP: Fax: In stockholders) who owns 10 percent or more of the ap h person who shall have an interest in the appraisal manartner, Officer, Director or Trustee, specifying the capacited, please attach a separate sheet of paper. Address Phone • Fax • E-mail: Street: Phone: City: E-mail:

A	Appraisal Management Company Name:			
4.	Is the appraisal management company based in Oregon? Yes No If no, please provide the contact information of your agent registered to receive service of process: Name:			
-				
-	Physical address: State			
-	City: : ZIP:			
	Mailing address (if different):			
•	State			
	City: : ZIP: Phone			
	: Fax: E-mail:			
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•	By signing this document, applicant certifies that: The controlling person designated in Section 2 and the owners designated in Section 3 have never had a license, certification, or registration to act as an appraiser or appraisal management company refused, denied, canceled, or revoked in this or any other state.			
•	Applicant understands that withholding information, falsification or misrepresentation of any of the information submitted as part of this application is grounds for denial of this application and could be grounds for subsequent disciplinary action.			
•	The appraisal management company maintains a system to verify the competency of appraisers on the appraiser management company's appraiser panel that meets the minimum requirements in OAR 161-520-0020.			
•	The appraisal management company requires an appraiser completing an appraisal at the company's request to confirm that the appraiser is competent to perform the appraisal assignment before accepting the assignment.			
•	The appraisal management company maintains for at least five years: 1) A record of each appraisal management services request the company receives and the appraiser who performs the real estate appraisal activity contained in the request, and 2) A copy of each written complaint received by the appraisal management company, along with proof of documentation showing the complaint was forwarded to the appraisal management company's client for the appraisal assignment.			
•	The appraisal management company provides training to employees who select appraisers for an appraisal panel, select appraiser to perform real estate appraisal activity, or perform quality control examinations, and that the training complies with the requirements set forth in OAR 161-540-0010.			
•	The appraisal management company has written policies and procedures demonstrating compliance with ORS 674.220.			
•	The appraisal management company has a system in place to require that appraisals are conducted independently and without inappropriate influence or coercion as required by the appraisal independence standards established under section 129E of the Truth in Lending Act including any implementing regulations.			
•	The appraisal management company requires appraisers completing appraisals at the company's request to comply with the Uniform Standards of Professional Appraisal Practice.			
•	Any employee of the appraisal management company that performs the act or process of developing and communicating a reviewer's own opinion of value as part of the appraisal review for a property located in this state, is an Oregon licensed/certified real estate appraiser.			
Si	gnature: Date:			
P	rint Name: Title:			