APPRAISER CERTIFICATION AND LICENSURE BOARD

3000 MARKET STREET NE, SUITE 541 SALEM, OR 97301 PHONE (503) 485-2555 FAX (503) 485-2559 TDD/HEARING IMPAIRED (503) 378-4100 www.oregonaclb.org



APPRAISAL MANAGEMENT COMPANY BACKGROUND CHECK AUTHORIZATION

Each subject individual, as defined in OAR 161-500-0000(6), must complete and sign the following:

Name:	<u> </u>	101 200 0000(0	Position or title:	rono wing.		
Home street address:		Home mailing address, if different:				
City:	State:	ZIP:	City:	State:	ZIP:	
Home phone: Office phone:			E-mail:			
Office street address:			Office mailing address, if different:			
City:	State:	ZIP:	City:	State:	ZIP:	
Office phone:			Fax:			
Social Security number:	cial Security number:		Date of birth (mm/dd/yyyy):			
Driver's License No./State of Issue:			Percentage of ownership:			
Have you EVER entered a ple of a <i>felony</i> ? If yes, and the inf to the Board, on a separate she location of jurisdiction of the p charges and assessing penaltie	formation has et of paper proceedings.	s not been previous fully explain the f	usly submitted in a prior applacts of the offense and identi	lication fy the	Yes No	
Have you IN THE LAST TE guilty of or convicted of a miss submitted in a prior application of the offense and identify the final court documents identify	demeanor? n to the Boa location of	If yes, and the introduced rd, on a separate significant part of the introduced representation repr	formation has not been previous sheet of paper fully explain the proceedings. Include a copy	ously ne facts	/es No	
Have you EVER been reprimanded or fined or had a license, certificate or registration Yes No suspended, revoked, restricted, denied, or surrendered in this or any other state by any agency that has granted you a license, certificate or registration to engage in a regulated occupation, trade or profession? If yes, on a separate sheet of paper please explain and provide a copy of any documentation that describes the charges against you and the action taken by the agency.						

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Have you ha	d any entry of any money judgments that are	e not paid in full?		
No	Yes, explain:	1		
Have you fil No	ed for voluntary or involuntary bankruptcy p Yes, explain:	protection during the	e past 10 years?	
ATTACH A	A RESUME OF THE PAST FIVE YEARS (OF WORK EXPER	IENCE	
	that the Board conducts criminal background is my consent for the Board to conduct su			
Signature of Subject Individual		Date	Date	
				٦
		OARD USE ONLY	ъ.	
	Criminal background check conducted:	_	Date:submitted to OSP:	
	Consumer report obtained: Yes	No (Reason)		
	Name(s) of authorized designee(s) completing			
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