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CERTIFICATION STATEMENT OF COMPLIANCE PERSON FOR APPRAISAL MANAGEMENT COMPANY

I CERTIFY THAT I POSSESS THE AUTHORITY TO SUBMIT AND SIGN THIS APPLICATION AND TO EXECUTE THE CERTIFICATIONS AND VERIFICATIONS HEREIN.

I VERIFY THAT THIS FORM IS IN THE ORIGINAL FORMAT AS SUPPLIED BY THE DEPARTMENT OF STATE AND HAS NOT BEEN ALTERED OR OTHERWISE MODIFIED IN ANY WAY. I AM AWARE OF THE CRIMINAL PENALTIES FOR TAMPERING WITH PUBLIC RECORDS OR INFORMATION PURSUANT TO 18 Pa. C.S. §4911.

ADDITIONALLY, I VERIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENT MADE IS SUBJECT TO THE PENALTIES OF 18 Pa. C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES AND MAY RESULT IN THE DENIAL, SUSPENSION OR REVOCATION OF THE REGISTRATION OF THE APPRAISAL MANAGEMENT COMPANY OR AUTHORIZATION TO ACT AS A COMPLIANCE PERSON.

APPLICANT'S SIGNATURE _____ DATE _____