



**Bureau of Professional and Occupational Affairs  
 State Board of Certified Real Estate Appraisers  
 PO Box 2649, Harrisburg, PA 17105-2649  
 717-783-4866; 717-705-5540 (FAX)**

**APPRAISAL MANAGEMENT COMPANY REGISTRATION APPLICATION**

Make sure this is the most recent application by checking our website: [www.dos.pa.gov/real](http://www.dos.pa.gov/real)

✓	<p><b>FOLLOW INSTRUCTIONS BELOW AND SUBMIT ALL REQUIRED DOCUMENTS</b></p> <p><b>IF A PENDING APPLICATION IS OLDER THAN ONE YEAR FROM THE DATE SUBMITTED AND THE APPLICANT WISHES TO CONTINUE THE APPLICATION PROCESS, THE BOARD SHALL REQUIRE THE APPLICANT TO SUBMIT A NEW APPLICATION INCLUDING THE REQUIRED FEE. IN ORDER TO COMPLETE THE APPLICATION PROCESS, MANY OF THE SUPPORTING DOCUMENTS ASSOCIATED WITH THE APPLICATION CANNOT BE MORE THAN SIX MONTHS FROM THE DATE OF ISSUANCE.</b></p> <p><b>Compliance Person, Key Person, and Owner must submit a request for a criminal record from the state police or equivalent law enforcement agency in the state or jurisdiction in which the individual has resided for the ten year period immediately preceding the date of application. The report returned by the State Police or equivalent agencies shall be attached to your application and dated within 90 days of the date this application is received in the Board office.</b></p> <ul style="list-style-type: none"> <li>• The background check must contain each individual's <b>date of birth and social security number.</b></li> <li>• The background check must either state <b>"No Record"</b> or <b>"Record Exists."</b> Background checks that reflect <b>"Pending"</b> <b>"Under Review,"</b> or <b>"Under Request"</b> will not be accepted. Questions regarding the status of a background check must be directed to the Pennsylvania State Police or the equivalent agency receiving the request for criminal record check.             <ul style="list-style-type: none"> <li>If <b>"Record Exists"</b>— applicant must true and correct copies of the following for EACH felony or misdemeanor conviction:                 <ul style="list-style-type: none"> <li><b>A.</b> The conviction summary information provided by the State Police or equivalent agency;</li> <li><b>B.</b> Copies of criminal complaint, affidavit of probable cause and sentencing order;</li> <li><b>C.</b> Letter from Probation Officer, Correctional Officer or other person responsible for supervision of the defendant, dated within 90 days, indicating current probationary status and completion date.</li> <li><b>D.</b> Detailed description (in applicant's words) of the circumstances surrounding the conviction, the basis for the conviction and the disposition of the conviction;</li> <li><b>E.</b> In addition, the applicant may, but is not required, to provide evidence in support of his application, such as, age at the time of conviction, or release from sentence; evidence that the applicant performed the same type of work, post conviction, with the same or a different employer, with no known incidents of criminal or disciplinary conduct; the length and consistency of employment history before and after the offense or conduct; rehabilitation efforts, e.g., education/training; employment or character references and any other information regarding fitness for the particular position; and whether the individual is bonded under a federal, state, or local bonding program.</li> </ul> </li> </ul> </li> </ul> <p><b>**If the required documents are not available, please provide an original letter on business letterhead, from the proper authority confirming documents are not available. The letter must be signed and dated within 90 days of receipt in the Board office.</b></p> <ul style="list-style-type: none"> <li>• Pennsylvania background checks may be obtained at: <a href="https://epatch.state.pa.us">https://epatch.state.pa.us</a> or from the Pennsylvania State Police Central Repository, 1800 Elmerton Ave, Harrisburg, PA 17110-9758, (717) 783-5593.</li> <li>• If you reside outside the state of Pennsylvania, you must obtain a background check from the State Police in that state.</li> </ul>
	<ul style="list-style-type: none"> <li>• Surety bond or letter of credit in the amount of \$20,000.00 and in the form provided.</li> </ul>
	<ul style="list-style-type: none"> <li>• Maintain a copy of your completed application for your records.</li> </ul>
	<ul style="list-style-type: none"> <li>• Submit required application fee of \$1,000.00</li> </ul>

# STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS

**Telephone:** 717-783-4866  
**Fax:** 717-705-5540  
 E-mail: [st-appraise@state.pa.us](mailto:st-appraise@state.pa.us)  
 Website: [www.dos.pa.gov/real](http://www.dos.pa.gov/real)

**Mailing Address:**  
 State Board of Certified Real Estate Appraisers  
 PO Box 2649  
 Harrisburg, PA 17105-2649

**Courier Address:**  
 State Board of Certified Real Estate Appraisers  
 2601 North Third Street  
 Harrisburg, PA 17110

## APPLICATION FOR APPRAISAL MANAGEMENT COMPANY

**FEE: \$1,000.00 NON-REFUNDABLE APPLICATION FEE.** CHECK OR MONEY ORDER MADE PAYABLE TO THE "COMMONWEALTH OF PENNSYLVANIA." FEE IS NON-REFUNDABLE, NON-TRANSFERABLE AND SUBJECT TO CHANGE. \$20.00 CHARGE FOR ALL CHECKS RETURNED "NOT PAID" REGARDLESS OF THE REASON FOR NON-PAYMENT. IF A PENDING APPLICATION IS OLDER THAN ONE YEAR FROM THE DATE SUBMITTED AND THE APPLICANT WISHES TO CONTINUE THE APPLICATION PROCESS, THE BOARD SHALL REQUIRE THE APPLICANT TO SUBMIT A NEW APPLICATION INCLUDING THE REQUIRED FEE. IN ORDER TO COMPLETE THE APPLICATION PROCESS, MANY OF THE SUPPORTING DOCUMENTS ASSOCIATED WITH THE APPLICATION CANNOT BE MORE THAN SIX MONTHS FROM THE DATE OF ISSUANCE.

**SECTION 1: APPLICANT INFORMATION    *PLEASE PRINT OR TYPE***

1. APPRAISAL MANAGEMENT COMPANY NAME	
2. MAILING ADDRESS	STREET <hr/> CITY <hr/> STATE <span style="float: right;">ZIP</span>
3. STREET ADDRESS IF DIFFERENT FROM MAILING ADDRESS	STREET <hr/> CITY <hr/> STATE <span style="float: right;">ZIP</span>
4. CONTACT INFORMATION	TELEPHONE: <hr/> EMAIL ADDRESS: <hr/>

**SECTION 2: SECONDARY INFORMATION**

<p><b>1. STATE OR PLACE OF INCORPORATION OR ORGANIZATION</b></p>	
<p><b>2. IF NOT AN INDIVIDUAL AND INCORPORATED OR OTHERWISE FORMED UNDER THE LAWS OF A JURISDICTION OTHER THAN THE COMMONWEALTH OF PENNSYLVANIA, ALSO SUBMIT DOCUMENTATION THAT STATES YOU ARE AUTHORIZED TO TRANSACT BUSINESS IN THIS COMMONWEALTH.</b></p>	
<p><b>3. FICTITIOUS NAME, IF ANY</b></p>	
<p><b>4. WEBSITE ADDRESS</b></p>	
<p><b>5. FAX NUMBER</b></p>	
<p><b>6. LIST EACH STATE OR JURISDICTIONS IN WHICH APPLICANT IS REGISTERED AS AN APPRAISAL MANAGEMENT COMPANY. ATTACH SEPARATE PAGE, IF NEEDED</b></p>	
<p><b>7. MONTH AND YEAR APPLICANT BEGAN OFFERING APPRAISAL MANAGEMENT SERVICES IN PENNSYLVANIA.</b></p>	

**PART TWO****APPLICATION FOR COMPLIANCE PERSON OF APPRAISAL MANAGEMENT COMPANY****ONLY TO BE COMPLETED BY COMPLIANCE PERSON****SECTION 1: COMPLIANCE PERSON INFORMATION**

1. LEGAL NAME	FIRST	
	MIDDLE	
	LAST	
2. ADDRESS	STREET	
	CITY	
	STATE	ZIP
3. SOCIAL SECURITY NUMBER		
4. TELEPHONE NUMBER		
5. EMAIL ADDRESS		
6. TITLE OR TITLES		
7. DO YOU HOLD A CERTIFICATE OR LICENSE FOR THE PRACTICE OF REAL ESTATE APPRAISING IN THE COMMONWEALTH OF PENNSYLVANIA OR ANY OTHER JURISDICTION? IF YES, PROVIDE LETTER OF GOOD STANDING FROM EACH STATE.  IF YES, LIST STATES, ATTACH ADDITIONAL SHEET IF NECESSARY	YES _____  _____ _____	NO _____
8. IS THE COMPLIANCE PERSON AN OWNER OF THE APPRAISAL MANAGEMENT COMPANY?	YES _____	NO _____

**SECTION 2: DISCIPLINARY INFORMATION FOR COMPLIANCE PERSON**

ANSWER THE FOLLOWING	YES	NO
1. DO YOU HOLD, OR HAVE YOU EVER HELD, A LICENSE, CERTIFICATE, PERMIT, REGISTRATION OR OTHER AUTHORIZATION TO PRACTICE A PROFESSION OR OCCUPATION IN ANY STATE OR JURISDICTION?		
2. IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE PROVIDE THE PROFESSION AND STATE OR JURISDICTION. PLEASE DO NOT ABBREVIATE THE PROFESSION.		
3. HAVE YOU HAD DISCIPLINARY ACTION TAKEN AGAINST A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT, REGISTRATION OR OTHER AUTHORIZATION TO PRACTICE A PROFESSION OR OCCUPATION ISSUED TO YOU IN ANY STATE OR JURISDICTION OR HAVE YOU AGREED TO VOLUNTARY SURRENDER IN LIEU OF DISCIPLINE?		
4. DO YOU CURRENTLY HAVE ANY DISCIPLINARY CHARGES PENDING AGAINST YOUR PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION IN ANY STATE OR JURISDICTION?		
5. HAVE YOU WITHDRAWN AN APPLICATION FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION, HAD AN APPLICATION DENIED OR REFUSED, OR FOR DISCIPLINARY REASONS AGREED NOT TO APPLY OR REAPPLY FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION IN ANY STATE OR JURISDICTION?		
6. HAVE YOU BEEN CONVICTED, (FOUND GUILTY, PLED GUILTY OR PLED NOLO CONTENDERE), RECEIVED PROBATION WITHOUT VERDICT OR ACCELERATED REHABILITATIVE DISPOSITION (ARD), AS TO ANY CRIMINAL CHARGES, FELONY OR MISDEMEANOR, INCLUDING ANY DRUG LAW VIOLATIONS? NOTE: YOU ARE NOT REQUIRED TO DISCLOSE ANY ARD OR OTHER CRIMINAL MATTER THAT HAS BEEN EXPUNGED BY ORDER OF COURT		
7. DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR JURISDICTION?		

**SECTION 3: APPRAISAL MANAGEMENT COMPANY CERTIFICATIONS**

I CERTIFY THAT THE APPLICANT HAS .....INITIALS OF COMPLIANCE PERSON	YES	NO
<ul style="list-style-type: none"> <li>• DOES THE APPLICANT HAVE A SYSTEM IN PLACE TO VERIFY THAT A PERSON BEING ADDED TO AN APPRAISER PANEL OF THE APPLICANT OR WHO WILL OTHERWISE PERFORM APPRAISALS FOR THE APPLICANT OF A PROPERTY LOCATED IN THIS COMMONWEALTH IS A CERTIFIED APPRAISER AND IN GOOD STANDING IN THIS COMMONWEALTH?</li> </ul>		
<ul style="list-style-type: none"> <li>• DOES THE APPLICANT HAVE A SYSTEM IN PLACE FOR THE PERFORMANCE OF APPRAISAL REVIEWS WITH RESPECT TO THE WORK OF ALL APPRAISERS THAT ARE PERFORMING APPRAISALS FOR THE APPLICANT OF A PROPERTY LOCATED IN THIS COMMONWEALTH TO DETERMINE WHETHER THE APPRAISALS ARE BEING CONDUCTED IN CONFORMANCE WITH THE MINIMUM STANDARDS UNDER REACA ON A PERIODIC BASIS AND WHEN REQUESTED BY A CLIENT?</li> </ul>		
<ul style="list-style-type: none"> <li>• DOES THE APPLICANT HAVE A SYSTEM IN PLACE TO COMPLY WITH THE PROVISIONS OF SECTION 36.335, RELATING TO RECORD KEEPING?</li> </ul>		

**SECTION 4: CERTIFICATION STATEMENT FOR COMPLIANCE PERSON**

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.

**SOCIAL SECURITY STATEMENT:**  
 IN ORDER TO COMPLY WITH FEDERAL LAW, THE STATE BOARD OF FUNERAL DIRECTORS IS OBLIGATED TO INFORM EACH APPLICANT OR LICENSEE FROM WHOM IT REQUESTS A SOCIAL SECURITY NUMBER THAT DISCLOSING SUCH NUMBER IS MANDATORY IN ORDER FOR THIS BOARD TO COMPLY WITH THE REQUIREMENTS OF THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 PA. C.S. §4304.1(A). IN ORDER TO ENFORCE DOMESTIC SUPPORT ORDERS, AT THE REQUEST OF THE COMMONWEALTH'S DEPARTMENT OF HUMAN SERVICES (DHS), THE LICENSING BOARDS MUST PROVIDE TO DHS INFORMATION PRESCRIBED BY DHS ABOUT THE LICENSEE, INCLUDING THE SOCIAL SECURITY NUMBER.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PART THREE****APPLICATION FOR OWNER OF APPRAISAL MANAGEMENT COMPANY****ONLY TO BE COMPLETED BY OWNER WHO IS NOT A COMPLIANCE PERSON****PLEASE PRINT OR TYPE**

**SECTION 1: OWNER INFORMATION – A “PERSON” INCLUDES A CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY, BUSINESS TRUST, OTHER ASSOCIATION, ESTATE, TRUST, FOUNDATION OR NATURAL PERSON WHO OWNS 10% OR MORE OF THE APPRAISAL MANAGEMENT COMPANY**

**IS COMPLIANCE PERSON SAME AS OWNER? YES OR NO**  
**IF YES, NO NEED TO COMPLETE THIS PORTION**

<b>1. LEGAL NAME (INDIVIDUAL OR BUSINESS)</b>	FIRST	
	MIDDLE	
	LAST	
	BUSINESS NAME	
<b>2. ADDRESS</b>	STREET	
	CITY	
	STATE	ZIP
<b>3. SOCIAL SECURITY NUMBER</b>		
<b>4. TELEPHONE NUMBER</b>		
<b>5. EMAIL ADDRESS</b>		
<b>6. IS OWNER A KEY PERSON?</b>	YES _____	NO _____
<b>7. LIST EACH TITLE OR POSITION HELD BY OWNER SUCH AS PRESIDENT OR OTHER OFFICER</b>	<hr/> <hr/> <hr/>	

**SECTION 2: DISCIPLINARY INFORMATION FOR OWNER**

ANSWER THE FOLLOWING	YES	NO
1. DO YOU HOLD, OR HAVE YOU EVER HELD, A LICENSE, CERTIFICATE, PERMIT, REGISTRATION OR OTHER AUTHORIZATION TO PRACTICE A PROFESSION OR OCCUPATION IN ANY STATE OR JURISDICTION?		
2. IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE PROVIDE THE PROFESSION AND STATE OR JURISDICTION. PLEASE DO NOT ABBREVIATE THE PROFESSION.		
3. HAVE YOU HAD DISCIPLINARY ACTION TAKEN AGAINST A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT, REGISTRATION OR OTHER AUTHORIZATION TO PRACTICE A PROFESSION OR OCCUPATION ISSUED TO YOU IN ANY STATE OR JURISDICTION OR HAVE YOU AGREED TO VOLUNTARY SURRENDER IN LIEU OF DISCIPLINE?		
4. DO YOU CURRENTLY HAVE ANY DISCIPLINARY CHARGES PENDING AGAINST YOUR PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION IN ANY STATE OR JURISDICTION?		
5. HAVE YOU WITHDRAWN AN APPLICATION FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION, HAD AN APPLICATION DENIED OR REFUSED, OR FOR DISCIPLINARY REASONS AGREED NOT TO APPLY OR REAPPLY FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION IN ANY STATE OR JURISDICTION?		
6. HAVE YOU BEEN CONVICTED, (FOUND GUILTY, PLED GUILTY OR PLEAD NOLO CONTENDERE), RECEIVED PROBATION WITHOUT VERDICT OR ACCELERATED REHABILITATIVE DISPOSITION (ARD), AS TO ANY CRIMINAL CHARGES, FELONY OR MISDEMEANOR, INCLUDING ANY DRUG LAW VIOLATIONS? NOTE: YOU ARE NOT REQUIRED TO DISCLOSE ANY ARD OR OTHER CRIMINAL MATTER THAT HAS BEEN EXPUNGED BY ORDER OF COURT		
7. DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR JURISDICTION?		



**SECTION 3: VERIFICATION STATEMENT OF OWNER**

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.

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 AND ACTION TO RESTRICT OR PROHIBIT MY STATUS AS AN OWNER OF THE APPRAISAL MANAGEMENT COMPANY.

**SOCIAL SECURITY STATEMENT:**

IN ORDER TO COMPLY WITH FEDERAL LAW, THE STATE BOARD OF FUNERAL DIRECTORS IS OBLIGATED TO INFORM EACH APPLICANT OR LICENSEE FROM WHOM IT REQUESTS A SOCIAL SECURITY NUMBER THAT DISCLOSING SUCH NUMBER IS MANDATORY IN ORDER FOR THIS BOARD TO COMPLY WITH THE REQUIREMENTS OF THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 PA. C.S. §4304.1(A). IN ORDER TO ENFORCE DOMESTIC SUPPORT ORDERS, AT THE REQUEST OF THE COMMONWEALTH'S DEPARTMENT OF HUMAN SERVICES (DHS), THE LICENSING BOARDS MUST PROVIDE TO DHS INFORMATION PRESCRIBED BY DHS ABOUT THE LICENSEE, INCLUDING THE SOCIAL SECURITY NUMBER.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PART FOUR****APPLICATION FOR KEY PERSON OF  
APPRAISAL MANAGEMENT COMPANY**

**ONLY TO BE COMPLETED BY KEY PERSON WHO IS NOT AN OWNER OR COMPLIANCE PERSON – DO NOT COMPLETE THIS SECTION IF KEY PERSON AND COMPLIANCE PERSON ARE THE SAME, NOTATION BELOW WILL BE ACCEPTABLE.**

IS KEY PERSON SAME AS OWNER? YES OR NO  
 IS KEY PERSON SAME AS COMPLIANCE PERSON? YES OR NOT  
 IF YES TO EITHER QUESTION, NO NEED TO COMPLETE THIS PORTION

***PLEASE PRINT OR TYPE***

**SECTION 1: KEY PERSON INFORMATION**

1. LEGAL NAME	FIRST	
	MIDDLE	
	LAST	
2. ADDRESS	STREET	
	CITY	
	STATE	ZIP
4. SOCIAL SECURITY NUMBER		
4. TELEPHONE NUMBER		
5. EMAIL ADDRESS		
6. EACH TITLE OF KEY PERSON, INCLUDING OFFICER, DIRECTOR, OR MANAGER, SUPERVISOR, OR SIMILAR FUNCTION OR TITLE	1. _____	
	2. _____	
	3. _____	
	4. _____	
	5. _____	
7. IS KEY PERSON OWNER?	YES _____	NO _____

**SECTION 2: DISCIPLINARY INFORMATION FOR KEY PERSON**

ANSWER THE FOLLOWING	YES	NO
1. DO YOU HOLD, OR HAVE YOU EVER HELD, A LICENSE, CERTIFICATE, PERMIT, REGISTRATION OR OTHER AUTHORIZATION TO PRACTICE A PROFESSION OR OCCUPATION IN ANY STATE OR JURISDICTION?		
2. IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE PROVIDE THE PROFESSION AND STATE OR JURISDICTION. PLEASE DO NOT ABBREVIATE THE PROFESSION.		
3. HAVE YOU HAD DISCIPLINARY ACTION TAKEN AGAINST A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT, REGISTRATION OR OTHER AUTHORIZATION TO PRACTICE A PROFESSION OR OCCUPATION ISSUED TO YOU IN ANY STATE OR JURISDICTION OR HAVE YOU AGREED TO VOLUNTARY SURRENDER IN LIEU OF DISCIPLINE?		
4. DO YOU CURRENTLY HAVE ANY DISCIPLINARY CHARGES PENDING AGAINST YOUR PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION IN ANY STATE OR JURISDICTION?		
5. HAVE YOU WITHDRAWN AN APPLICATION FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION, HAD AN APPLICATION DENIED OR REFUSED, OR FOR DISCIPLINARY REASONS AGREED NOT TO APPLY OR REAPPLY FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION IN ANY STATE OR JURISDICTION?		
6. HAVE YOU BEEN CONVICTED, (FOUND GUILTY, PLED GUILTY OR PLED NOLO CONTENDERE), RECEIVED PROBATION WITHOUT VERDICT OR ACCELERATED REHABILITATIVE DISPOSITION (ARD), AS TO ANY CRIMINAL CHARGES, FELONY OR MISDEMEANOR, INCLUDING ANY DRUG LAW VIOLATIONS? NOTE: YOU ARE NOT REQUIRED TO DISCLOSE ANY ARD OR OTHER CRIMINAL MATTER THAT HAS BEEN EXPUNGED BY ORDER OF COURT		
7. DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR JURISDICTION?		

**SECTION 3: VERIFICATION STATEMENT OF KEY PERSON**

**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.**

**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 DENIAL, SUSPENSION OR REVOCATION OF THE REGISTRATION OF THE APPRAISAL MANAGEMENT COMPANY AND ACTION TO RESTRICT OR PROHIBIT MY STATUS AS A KEY PERSON WITH THE APPRAISAL MANAGEMENT COMPANY.**

**SOCIAL SECURITY STATEMENT:**

**IN ORDER TO COMPLY WITH FEDERAL LAW, THE STATE BOARD OF FUNERAL DIRECTORS IS OBLIGATED TO INFORM EACH APPLICANT OR LICENSEE FROM WHOM IT REQUESTS A SOCIAL SECURITY NUMBER THAT DISCLOSING SUCH NUMBER IS MANDATORY IN ORDER FOR THIS BOARD TO COMPLY WITH THE REQUIREMENTS OF THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 PA. C.S. §4304.1(A). IN ORDER TO ENFORCE DOMESTIC SUPPORT ORDERS, AT THE REQUEST OF THE COMMONWEALTH'S DEPARTMENT OF HUMAN SERVICES (DHS), THE LICENSING BOARDS MUST PROVIDE TO DHS INFORMATION PRESCRIBED BY DHS ABOUT THE LICENSEE, INCLUDING THE SOCIAL SECURITY NUMBER.**

**APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS  
P. O. BOX 2649  
HARRISBURG, PENNSYLVANIA 17105-2649  
717-783-4866

BOND # \_\_\_\_\_

**BOND**

**KNOW ALL PERSONS BY THESE PRESENTS, that the application**

**FOR** \_\_\_\_\_

Name of Appraisal Management Company

with business located at

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

as PRINCIPAL, and \_\_\_\_\_ with a Certificate of Authority from the

**Name of Surety Company**

Pennsylvania Department of Insurance and located at

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

as SURETY, are held firmly bound unto the Commonwealth of Pennsylvania in the sum of \$20,000 (Twenty Thousand Dollars) lawful money of the United States of America, to be made payable to the said Commonwealth, for the use of the Commonwealth, its attorney or assigns, or any person or persons who may have a cause of action under the Appraisal Management Company Registration Act to which payment will and truly to be made, we do hereby bind ourselves, jointly and severally our heirs, executors, administrators, successors and assigns firmly by these presents. This agreement will continue in effect until written notification of cancellation by surety.

SIGNED, SEALED AND DELIVERED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

WHEREAS, the above-bounded Principal desires to operate or conduct the business of

\_\_\_\_\_  
Appraisal Management Company

within the Commonwealth in accordance with the provisions of the Appraisal Management Company Registration Act and the rules and regulations adopted under and pursuant thereto.

NOW, THEREFORE, the condition of this obligation is such that if upon and after issuance of such registration the above-bounded Principal shall fully and faithfully observe the provisions of all the laws of this Commonwealth and the rules and regulations promulgated by the State Board of Certified Real Estate Appraisers as a registrant then this obligation shall be void; otherwise, it shall remain in full force, virtue and effect.

And, the obligors, jointly and severally, for themselves, their heirs, executors, administrators, successors and assigns, do agree with the Commonwealth that upon violation of the said Act, and the rules and regulations promulgated by the State Board of Certified Real Estate Appraisers, or the applicable rules and regulations of the Department, Board or Commission of the Commonwealth thereunder or of any laws of this Commonwealth, and upon the revocation of the registered and upon forfeiture of the bond, aforesaid, or upon the recovery of a judgment and in execution of that judgment on the bond, as specified at §13(c) of the Act, for any such violation during the continuance of such registration, the full amount of this bond shall be due and payable.

And we, and each of us, do hereby confess judgment against us and each of us for the penal sum of \$20,000 (Twenty Thousand Dollars), with cost of suit and release of all errors, without stay of execution, waiving inquisition and condemnation of any real estate, and we, and each of us, do hereby waive the benefit of any law or laws now in force, or which may hereafter become a force exempting property from levy and sale upon execution, and we do hereby empower any attorney, or the Prothonotary, of any Court of Record within this Commonwealth or elsewhere, to appear for us and each of us, to confess judgment as expressed, and for the entering of such judgment and so doing this shall be sufficient warrant; a copy of bond being filed in said action, it shall be necessary to file the original as a warrant, any law or rule of Court notwithstanding.

INDIVIDUAL

WITNESS

SIGNATURE OF PRINCIPAL

INDIVIDUAL/ASSOCIATION/CORPORATION/  
PARTNERSHIP

WITNESS

NAME OF BUSINESS

BY  
NAME OF OFFICER

SIGNATURE OF OFFICER

SURETY:

NAME OF SURETY COMPANY

SIGNATURE OF SURETY

STREET ADDRESS OF ATTORNEY- IN- FACT

(BUSINESS SEAL)

CITY STATE ZIP CODE

CERTIFIED COPY OF POWER OF ATTORNEY NOMINATING, CONSTITUTING AND APPOINTING SAID ATTORNEY-  
IN-FACT FOR SAID CORPORATE SURETY MUST BE ATTACHED HERETO. DATE OF SAID CERTIFICATION AND  
DATE OF EXECUTION OF BOND MUST AGREE.

**CONSENT OF NONRESIDENT REGISTRANT**

Whereas, the Appraisal Management Company Registration Act in the Commonwealth of Pennsylvania  
requires that a nonresident registrant of the State Board of Certified Real Estate Appraisers files a consent that  
suits and other legal actions may be commenced against a registrant in the proper court of any county of the  
Commonwealth in which a cause of action may arise or in which a plaintiff may reside.

Now witnesseth, that the undersigned

Name of Applicant

of

Street

City

State

Zip Code

an \_\_\_\_\_, hereby consents to the commencement of suits and other legal actions

Type of Registration

against the registrant in and county of the Commonwealth in which a cause of action may arise or in which a  
plaintiff may reside by service of any process of pleading authorized by the laws of the Commonwealth or the  
Secretary of the Commonwealth of Pennsylvania; and

That the undersigned stipulates and agrees that service of process or pleading as aforesaid on the  
Secretary of the Commonwealth, shall be taken and held in all courts to be as valid and binding as if due service  
had been made upon the undersigned within the Commonwealth of Pennsylvania; and

That the undersigned intends that this consent shall be and hereby is irrevocable.

State of

County of

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

Signature of Notary

Signature of Applicant