



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 – CHANGE OF KEY PERSON APPLICATION

Make sure this is the most recent application by checking our website: www.dos.state.pa.us/real

✓	<p>FOLLOW INSTRUCTIONS BELOW AND SUBMIT ALL REQUIRED DOCUMENTS</p>
	<p>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.</p> <ul style="list-style-type: none"> • The background check must contain each individual's date of birth and social security number. • The background check must either state "No Record" or "Record Exists." Background checks that reflect "Pending" "Under Review," or "Under Request" 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. <p>If "Record Exists"— applicant must true and correct copies of the following for EACH felony or misdemeanor conviction:</p> <ul style="list-style-type: none"> A. The conviction summary information provided by the State Police or equivalent agency; B. Copies of criminal complaint, affidavit of probable cause and sentencing order; C. 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. D. Detailed description (in applicant's words) of the circumstances surrounding the conviction, the basis for the conviction and the disposition of the conviction; <p>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.</p> <p>**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.</p> <ul style="list-style-type: none"> • Pennsylvania background checks may be obtained at: https://epatch.state.pa.us or from the Pennsylvania State Police Central Repository, 1800 Elmerton Ave, Harrisburg, PA 17110-9758, (717) 783-5593. • If you reside outside the state of Pennsylvania, you must obtain a background check from the State Police in that state.
	<ul style="list-style-type: none"> • Maintain a copy of your completed application for your records.

Telephone: 717-783-4866**Fax: 717-705-5540**E-mail: st-appraise@state.pa.usWebsite: 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 CHANGE OF KEY PERSON OF APPRAISER MANAGEMENT COMPANY

PLEASE PRINT OR TYPE

SECTION 1: KEY PERSON INFORMATION

1. LEGAL NAME	FIRST	
	MIDDLE	
	LAST	
2. ADDRESS	STREET	
	CITY	
	STATE	ZIP
3. TELEPHONE NUMBER		
4. EMAIL ADDRESS		
5. TITLE OR TITLES AND STATUS OF KEY PERSON, INCLUDING ONE OR MORE OF AN OFFICE, DIRECTOR, OR MANAGER, SUPERVISOR, OR SIMILAR FUNCTION OR TITLE	YES _____	NO _____
6. IS KEY PERSON AN OWNER?	YES _____	NO _____
7. DATE CURRENT KEY PERSON DISCONTINUED EMPLOYMENT		
8. BEGINNING DATE OF NEW KEY PERSON		

SECTION 2: CRIMINAL AND 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 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: CERTIFICATION STATEMENT FOR KEY PERSON

BY SIGNING BELOW, 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 CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND THAT I AM OF GOOD MORAL CHARACTER. 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 SUSPENSION OR REVOCATION OF MY LICENSE OR CERTIFICATE.

KEY PERSON'S SIGNATURE _____ DATE _____

SECTION 3: CERTIFICATION STATEMENT FOR COMPLIANCE PERSON

BY SIGNING BELOW, 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 CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND THAT I AM OF GOOD MORAL CHARACTER. 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 SUSPENSION OR REVOCATION OF MY LICENSE OR CERTIFICATE.

COMPLIANCE PERSON'S SIGNATURE _____ DATE _____