

STATE OF TENNESSEE TENNESSEE REAL ESTATE APPRAISER COMMISSION APPRAISAL MANAGEMENT COMPANY REGISTRATION DEPARTMENT OF COMMERCE AND INSURANCE 500 JAMES ROBERTSON PARKWAY NASHVILLE, TENNESSEE 37243 Phone (615) 741-1831 Fax (615) 253-1692 http://tn.gov/commerce/boards/treac/index.shtml

* FOR OFFICE USE ONLY	File Number:
Profession 1504; Initial Application 1010	Transaction Number:

APPLICATION FEE OF \$2,000.00 MUST BE SUBMITTED WITH THIS APPLICATION PAYABLE TO THE STATE OF TENNESSEE. PAYMENT MAY BE MADE BY PERSONAL CHECK, CERTIFIED CHECK, OR MONEY ORDER.

PLEASE ATTACH THE FOLLOWING REQUIRED DOCUMENTS:

- 1) CHARACTER INFORMATION AFFIDAVIT FOR THE CONTROLLING PERSON AND ANY PERSON OWNING MORE THAN TEN PERCENT (10%) OF THE APPRAISAL MANAGEMENT COMPANY
- 2) CLEAR COPY OF A DRIVERS LICENSE OR OTHER PHOTO IDENTIFICATION FOR THE CONTROLLING PERSON AND ANY PERSON OWNING MORE THAN TEN PERCENT (10%) OF THE APPRAISAL MANAGEMENT COMPANY
- 3) AN IRREVOCABLE UNIFORM CONSENT TO SERVICE OF PROCESS; THE APPOINTMENT OF AGENT FOR SERVICE OF PROCESS IS REQUIRED IF THE AMC IS LOCATED OUTSIDE THE STATE OF TENNESSEE. THE REGISTERED MUST BE LOCATED IN TENNESSEE.
- 4) A SURETY BOND IN THE AMOUNT OF TWENTY THOUSAND DOLLARS (\$20,000.00)

AFFIDAVIT OF CONTROLLING PERSON

I, ______, (Name of Controlling Person) do hereby certify that I am fully aware of my responsibilities under T.C.A. § 62-39-410 as the designated controlling person to ensure compliance with all applicable state laws and rules on behalf of the registered Appraisal Management Company's operation in Tennessee. I have never been convicted of a criminal act involving moral turpitude. I have not had a license or certificate to act as an appraiser refused, revoked or surrendered in lieu of disciplinary action in any state.

The Appraisal Management Company named in this application:

- 1) Has a system and process in place to verify that a person being added to the appraiser panel of the Appraisal Management Company for appraisal services to be performed in Tennessee holds a license or certification in good standing issued by the Tennessee Real Estate Appraiser Commission, if a license or certification is required to perform appraisals, pursuant to T.C.A. § 62-39-415.
- 2) Has a system in place to review, on a periodic basis, the work of all appraisers who are performing real estate appraisal services in Tennessee for the Appraisal Management Company to validate that the real estate appraisal services are being conducted in accordance with USPAP, pursuant to T.C.A.§ 62-39-416.
- 3) Maintains a detailed record of each service request that it receives for appraisal services within the state of Tennessee and the appraiser who performs the real estate appraisal services for the Appraisal Management Company, pursuant to § 62-39-417.
- 4) Maintains an irrevocable uniform consent to service of process, pursuant to § 62-39-407.
- 5) Certifies that each person that owns more than ten percent (10%) of the Appraisal Management Company has been reviewed to ensure that no such person has had an appraiser license, certification or registration refused, denied, cancelled, suspended, revoked or surrendered in lieu of further disciplinary action in any state.

I,	, as controlling person,
do hereby certify that records of any appraisal activity conducted	by or for the Appraisal Management Company
in the State of Tennessee will be kept at the following address:	

_____, and will be available to the Commission, or the Commission staff or designee during normal business hours.

I further certify that I have personally accepted the assigned responsibility of the controlling person as defined in T.C.A. § 62-39-402. If there is any change in my status as controlling person or if my contact information changes, I will notify the Real Estate Appraiser Commission within thirty (30) days of any change. I will notify the Commission within thirty (30) days of a change in the agent for service of process of record, or ownership composition pursuant to T.C.A. § 62-39-409.

SIGNATURE OF CONTROLLING PERSON

PRINTED NAME OF CONTROLLING PERSON

STATE OF _____

COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE _____ DAY OF _____, ___.

NOTARY PUBLIC

SEAL

MY COMMISSION EXPIRES

INTEREST DECLARATION FOR OWNERSHIP OF 10% OR MORE OF THE AMC AND OWENER(S) AND CONTROLLING PERSON CHARACTER INFORMATION

You may make additional copies of these pages as may be necessary.

Any individual or any corporation, partnership, or other business entity that owns ten percent (10%) or more of the Appraisal Management Company is listed below

The officer, director, individual, appointed, or authorized by the Appraisal Management Company as Controlling Person. Please attach a clear copy of a driver's license or other photo identification for each individual listed on these pages

NAME:

CHARACTER INFORMATION

IF ANY OF THESE QUESTIONS ARE ANSWERED YES, PLEASE EXPLAIN IN A SUPPLEMENTAL WRITTEN STATEMENT.

1)	Have you ever been denied an appraiser license or certificate or had an appraiser license or certificate or professional license of any type disciplined in Tennessee or elsewhere? This would include a consent order, agreed order, final order, suspension, revocation, or voluntary surrender of a license or certificate					
	pursuant to a disciplinary proces	Yes		No		
2)	2) Are there currently formal administrative charges and/or disciplinary complaints pending against you in connection with any professional license or registration that you hold?					
		Yes		No		
3)	B) Have you ever been convicted of, pled guilty, or pled no contest to any criminal offense, or is there any criminal (felony or misdemeanor) charge now pending against you?					
		Yes		No		
4)	Has any final administrative or charged in the petition, complai or dishonest dealing?					
		Yes		No		
DISQU	NS WHO ANSWER "YES" TO A ALIFIED FOR REGISTRATION; E THE COMMISSION TO EXPI	HOWEVER,	THE APPLICA	NT MAY BE R	EQUIRED TO APPEAR	

DISQUALIFIED FOR REGISTRATION; HOWEVER, THE APPLICANT MAY BE REQUIRED TO APPEAR BEFORE THE COMMISSION TO EXPLAIN HIS/HER ANSWER(S) TO THE QUESTION(S), AND WILL BE REQUIRED TO SUBMIT A SUPPLEMENTAL STATEMENT WHICH PROVIDES ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING SUCH ANSWERS. IF YOU ANSWERED "YES" TO QUESTION NUMBER 3, YOU ARE REQUIRED TO PROVIDE CERTIFIED COPIES OF THE COURT DOCUMENTS IN ALL SUCH CASES. IF YOU ANSWERED "YES" TO QUESTIONS NUMBER 1, 2 OR 4, YOU ARE REQUIRED TO PROVIDE IN WRITING THE FOLLOWING, WHERE APPLICABLE:

- 1. A COMPLETE LISTING OF ALL DISCIPLINARY SANCTIONS IMPOSED AGAINST ALL OF YOUR APPRAISER AND OTHER PROFESSIONAL LICENSES OR REGISTRATIONS ALONG WITH THE DATES SUCH DISCIPLINE WAS IMPOSED;
- 2. TRUE AND CORRECT COPIES OF ALL SUCH DISCIPLINARY SANCTIONS, AND FORMAL ADMINISTRATIVE CHARGES AND DISCIPLINARY COMPLAINTS WHICH ARE PENDING IN CONNECTION WITH ANY APPRAISER OR OTHER PROFESSIONAL LICENSE OR REGISTRATIONS THAT YOU HOLD; AND

3. TRUE AND CORRECT COPIES OF ALL FINAL ADMINISTRATIVE ORDERS, OR JUDGEMENTS, OR DECREES OF COURT ENTERED AGAINST YOU WHERE YOU WERE CHARGED IN THE PETITION, COMPLAINT, DECLARATION, ANSWER, COUNTERCLAIM OR OTHER PLEADING WITH ANY FRAUDULENT OR DISHONEST DEALING.

I have fully read and understand this application and the information given herein is true, correct and complete to the best of my knowledge. I agree to provide the Commission complete copies of any and all documents upon which any "yes" answer is based. If so requested by the Tennessee Real Estate Appraiser Commission, I will furnish all additional information or documentation as may be deemed necessary for the verification of the information given here, and in my supplemental statement. I acknowledge that this application may be disapproved for cause and that any registration, license or certification that I may obtain may be revoked for supplying false, incomplete or misleading information to the Commission. I agree to comply with the standards set forth in T.C.A, Title 62, Chapter 39, and I understand that violations of this chapter and the rules of the Tennessee Appraisal Management Company Registration shall be grounds for disciplinary proceedings against me.

NAME:			
SOCIAL SECURITY NUMBER		DATE OF BIRTH	
MAILING ADDRESS:			
BUSINESS PHONE NUMBER:			
BUSINESS E-MAIL ADDRESS:			
Signature		Date	
State of	County of		
Sworn to and subscribed before me this the	day of	, .	
Notary Public		SEAL	
My Commission Expires:			
Date			

APPRAISAL MANAGEMENT COMPANY SURETY BOND – TENNESSEE Pursuant to T.C.A. § 62-39-408 (b) and Rules & Regulation 1255-08-01 (3)

KNOW ALL PERSONS BY THESE PRESENTS:	Bond Number:	
That we,	, a:	S
Principal, and authorized to do surety business in the State of Tenn Tennessee in the sum of TWENTY THOUSAND A well and truly to be made, we bind ourselves and ou	a classee, as Surety, are held and firmly bound unto t ND NO/100 DOLLARS (\$20,000), for the payme	corporation he State of
THE CONDITION of the above obligation is such the Appraisal Management Company in Tennessee, and Comp. R, & Regs. 1255-08-01 (3). The bond may nextended by the appraiser. The bond shall accrue to secure the performance of the registrant's obligation restored at the time of the biennial renewal.	gives this bond pursuant to T.C.A. § 62-39-408 (not be used to assist appraisers in collection efforts the State for the benefit of a claimant against the	b) and Tenn. s of credit registrant to
NOW, THEREFORE, if the Principal shall faithfully Company under Tenn. Code Ann. § 62-39-401, <i>et. s</i> obligation shall be void; otherwise to remain in full	eq. and any rules or regulations adopted thereund	
PROVIDED, this bond is continuous and may be can to the Tennessee Real Estate Appraiser Commission and the Surety shall be relieved of any further liabili First Class U.S. Mail. In no event shall the Surety's activities in any one biennial registration period exce amount shall not be cumulative.	and the Principal at their addresses last known to ty under this bond thirty (30) days after such notic total liability for all claims arising out of the Prin	the Surety, ce is sent by cipal's
Dated this day of,	20	
Signature of Principal	Printed Name of Principal	_
Name of Surety Company	Address of Surety	
Name of Surety Agent	Signature of Surety Agent	
(Seal)	Address of Surety Agent	
FORM IN-1756		

IRREVOCABLE CONSENT TO SERVICE OF PROCESS

Each entity applying for registration as an Appraisal Management Company in Tennessee shall complete an irrevocable consent to service of process as prescribed by the Commission. T.C.A. § 62-39-407

Appraisal Management Company Name: _____

Appraisal Management Company Address: _____

Appraisal Management Company Phone Number:

Appraisal Management Company email and website address (if applicable):

For purposes of complying with the Tennessee Appraisal Management Company Registration and Regulation Act, T.C.A. § 62-39-407, the Appraisal Management Company named above irrevocably consents, stipulates and agrees that suits and actions may be commenced against it any court of competent jurisdiction and proper venue within Tennessee and agrees that any lawful process or pleading in any action against it in Tennessee made upon the appointed agent for service of process shall have the same legal force and validity as if the service had been made on the Appraisal Management Company directly. The Appraisal Management Company waives all claims of error by reason of such service. The Appraisal Management Company agrees to submit an amended Appointment of Agent for Service of Process form upon any change in the information provided. Any changes to the agent information shall be effective upon receipt by the Tennessee Real Estate Appraiser Commission.

I, _______as controlling person of the Appraisal Management Company as defined by T.C.A. § 62-39-402 (8) am authorized to sign and execute the Irrevocable Consent to Service of Process so that legal action may be commenced against the above listed Appraisal Management Company in any jurisdiction within the state of Tennessee.

In witness whereof, the controlling person of the Appraisal Management Company executes this Irrevocable

Consent to Service of Process on the _____ day of _____, ___

Signature of Controlling Person

Printed Name of Controlling Person

State of

County of _____

Sworn to and subscribed before me this the _____ day of _____, ____.

Notary Public

SEAL

My Commission Expires:

Date

APPOINTMENT OF AGENT FOR SERVICE OF PROCESS

If the entity is not a corporation that is domiciled in this state, the name and contact information for the company's agent for service of process in this state. T.C.A. 62-39-403(b) (4)

Agent for Service of Process: Agent for Service of Process Address: _____ Agent for Service of Process Phone Number: Agent for Service of Process email address and website (if applicable): For purposes of complying with the Tennessee Appraisal Management Company Registration and Regulation Act, T.C.A. § 62-39-403 (b)(4), the foreign Appraisal Management Company named above designates the above named agent for service of process within the state of Tennessee and consents, stipulates and agrees that suits and actions may be commenced against it any court of competent jurisdiction and proper venue within Tennessee and agrees that any lawful process or pleading in any action against it in Tennessee made upon the appointed agent for service of process shall have the same legal force and validity as if the service had been made on the Appraisal Management Company directly. The Appraisal Management Company waives all claims of error by reason of such service. The Appraisal Management Company agrees to submit an amended Appointment of Agent for Service of Process form upon any change in the information provided. Any changes to the agent information shall be effective upon receipt by the Tennessee Real Estate Appraiser Commission. as controlling person of the Appraisal I, _ Management Company as defined by T.C.A. § 62-39-402 (8) am authorized to sign and execute Appointment of Agent for Service of Process so that legal action may be commenced against the above listed Appraisal Management Company in any jurisdiction within the state of Tennessee. In witness whereof, the controlling person of the Appraisal Management Company executes this Appointment of Agent for Service of Process on the _____ day of _____, ____, Signature of Controlling Person Printed Name of Controlling Person State of County of _____ Sworn to and subscribed before me this the _____ day of _____, ____, Notary Public SEAL My Commission Expires: _____ Date FORM IN-1756