



**APPRAISAL MANAGEMENT COMPANY (AMC) OWNER/PRIMARY CONTACT BACKGROUND HISTORY**

FEES	RECEIPT NUMBER	AMOUNT	MONEY TYPE	DATE RECEIVED
<b>BACKGROUND HISTORY</b> <i>*No fee required if submitted with original application or renewal of AMC</i>		\$50		

DO NOT WRITE ABOVE THIS LINE

**ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.  
 MAKE CHECKS OR MONEY ORDERS PAYABLE TO TALCB. FEES ARE NON-REFUNDABLE.**

Note: Complete the following information for an individual or business entity as applicable.

**1. Full Legal Name:** \_\_\_\_\_

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**2. SSN/TIN/EIN:** \_\_\_\_\_

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**3. Appraiser Certification/License:** \_\_\_\_\_  
Number State Expiration Date

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**4. Date of Birth:** \_\_\_\_\_ **5. Gender:**  Male  Female

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**6. Ethnic Group:**  Black/African American  White  Hispanic  Asian  
 Other (specify): \_\_\_\_\_  
 Decline to respond

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**7. Mailing Address and Contact Information: (Post Office Box may be used)**

\_\_\_\_\_  
 Number, Street and Suite/Apt No.

\_\_\_\_\_  
 City State Zip Code Phone Number

\_\_\_\_\_  
 E-mail Address

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**8.  I am an Owner of: OR  I agree to serve as Primary Contact for:**

\_\_\_\_\_  
 AMC Name

\_\_\_\_\_  
 TALCB Registration Number (if previously issued)

Note: In the following questions, "you" refers to the individual or entity as applicable.

<p><b>9.</b> Have you ever (1) had any professional or occupational license or certification suspended, canceled or revoked; (2) received a reprimand or disciplinary action; (3) surrendered a license or certification pending disciplinary action; or (4) had an application for such denied in Texas or any other state? <b>If YES, submit a complete written explanation and appropriate documentation such as final orders, etc.</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>10.</b> Are there any complaints, disciplinary hearings, or investigations pending against any professional or occupational licenses or certifications you hold? <b>If YES, submit a complete written explanation and appropriate documentation such as final orders, etc.</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>11.</b> (a) Have you ever been convicted of a criminal offense (Include <b>ALL</b> felonies and misdemeanors) (b) Have you ever been placed on probation, community supervision, or deferred adjudication? (c) Are there any criminal charges pending against you? <b>If the answer to (a), (b), or (c) is YES, submit copies of all indictments, orders and charges, and a written explanation.</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>12.</b> In the past four (4) years, have you ever had a civil judgment rendered against you, or are there any civil suits pending against you on one of the following grounds; (a) fraud; (b) intentional or knowing misrepresentation; or (c) grossly negligent misrepresentation in the making of real estate appraiser services? <b>If YES, submit copies of all petitions and judgments and a complete written explanation, including whether or not the judgment has been paid.</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### CERTIFICATION STATEMENT

I certify that I have personally prepared this background history form and all supporting information and documentation, and that all such information given is true, correct, and complete. If so requested by the Texas Appraiser Licensing and Certification Board (the "Board"), I will furnish all additional information or documentation as may be deemed necessary for the verification of the information provided. I authorize and consent to the Board's conducting and investigation of me and the matters addressed herein as it deems necessary. I understand that information revealed in an investigation may be cause for disapproval of the AMC's original application or renewal application even though other requirements for registration have been met.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title (if signing on behalf of an entity)

### PRIVACY NOTICE

In accordance with Chapter 559, Government Code, the following notice about certain information laws and practices is given.

- (1) With few exceptions, an individual is entitled on request to be informed about the information that a state governmental body collects about the individual.
- (2) Under Sections 552.021 and 552.023 of the Governmental Code, the individual is entitled to receive and review the information.
- (3) Under Section 559.004 of the Governmental Code, the individual is entitled to have the governmental body correct information about the individual that is incorrect.