Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-2039
www.dpor.virginia.gov



Real Estate Appraiser Board APPRAISAL MANAGEMENT COMPANY LICENSE APPLICATION Fee \$540.00*

* Fees include National Registry Fee of \$50.00

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE

		APPLIC <i>I</i>	ATION FEES ARE	NOT REF	UNDABLE.			
1.	Business Entity/Sole	Proprietor's Name						
2.	Trade, "Doing Business As" (DBA) or Fictitious Name							
	All business entities with DBA and Fictitious names <u>must attach a copy of the certificate filed with the Clerk of the Court</u> in the locality where business will be conducted (if required by the locality) or must be registered with the State Corporation Commission (SCC).							
3.	Select <u>one</u> of the following and provide the information below.							
	_	ll Employer Identificatio					on Number (12-34	
	State law requires every applicant, who is not a sole proprietor, to provide a federal employer identification number. Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.							
	Sole Proprietor's							
	☐ Virginia Department of Motor Vehicles Control Number * Social Security or Virginia DMV Number (123-45-						45-6789)	
	* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.							
4.	Type of business entity (select only one)							
	☐ Sole Proprietorsh☐ Corporation 	. —	artnership [ability Company [Associa		Other,	please specif	y:
	State Corporation Commission Number:							
	the Virginia State C otherwise authorize Commission or the	a corporation, limited lia corporation Commission. F ed to transact business clerk of court in the count rginia.gov or by phone at (Firms shall be organiz in Virginia. Firms ty or jurisdiction wher	zed as busir must regist	ness entities unde ter any trade or	er the laws of fictitious in	of the Common ames with the	vealth of Virginia or State Corporation
5.	Mailing Address (PO	Box accepted)						
	If a mailing address is su address will be printe		City				State	Zip Code
6.	Street Address (PO Box <u>not</u> accepted) Check here if Street Address is the <u>same</u> as the Mailing Address listed above. PHYSICAL ADDRESS REQUIRED					•		
			City				State	Zip Code
7.	Email Address							
8.	Contact Numbers							
		Primary Teleph	one	Alter	rnate Telephone			ах
	DATE F	EE TRANS CODE	ENTITY#		FILE #	#/LICENSE #		ISSUE DATE
OFFICE USE ONLY				40				

9.		ne controlling person, the re r <u>expired</u> real estate apprai		<i>y</i> 1						
	any (including Vi	irginia) state or territory of th	•	, ,	·		3		,	
	No 🗆									
		yes, complete the following tanding (dated within the las		tach an original (Certifica	ation of Lic	ensure/	Letter (of Good	
	Name	State/Jurisdiction	1	e, Certification or Re	nistratio	n Number	Fxn	iration D)ate	
	Traine	Otato/s arisalotion	Licono	o, commodicit of the	- gioti dite	or running or				
10.	Provide the follo	 Certifications of Licensure/L license/certification/registra means of obtaining licensur undetermined finding. wing information for any pe 	tion number; 2) the control of the c	ne initial date of licensing rocity, etc.); and 5) all control of the second se	ure; 3) t closed dis	the expiration sciplinary action	date of t ons result	he licens <i>ting in a v</i>	se; 4) the violation o	
	company:	and an analysis and be								
	Name	Address		IN,Social Security N VA DMV Control No		Birth Date		Contact Number		
11.	•	y established a bond or lette	er of credit in ac	cordance with § 54	4.1-202	1.1 of the (Code of	Virginia	?	
	No 🗌		l	Pa	1			41		
		yes, proof of current bond and holder or letter of credit						as the	e named	
12.		gement Company's Respon		J						
12.		of Responsible Person								
	Last		First		Middle			Ge	neration	
	B. Respo	nsible Person's Address								
			City			Sta	ite	Zip Co	ode	
	C. Select	one of the following and pro	-	ation below.						
	☐ Sol	<i>le Proprietor's/Individual's</i> Socia	al Security Numb	er <i>or</i> *		-	- [\Box		
	☐ Virginia Department of Motor Vehicles Control Number Social Security or Virginia DMV Number (123-45-6789)									
	* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.									
	D. Respor	nsible Person's Date of Birth								
	F 5		MM/DD/Y							
	E. Respor	nsible Person's Real Estate A	appraiser Licen	se Number 4	0					

13.	ever been subject to a disciplinary action or any other corrective action taken by any (including Virginia) local, state						
	•	atory body? This includes, but not limited to, reprimand, revocation, sualty, required to complete remedial education.	uspension or denial, imposition of a				
1./	Yes	If yes, provide a certified copy of the final order, decree or case decision.					
14.	convicted misdem	firm, the controlling person, and any person who owns 10 perced or found guilty, regardless of the manner of adjudication, in any juristic eanor that occurred within five years of the date of this applicate considered a conviction.	sdiction of the United States of any				
	convicted felony?	firm, the controlling person, and any person who owns 10 perced or found guilty, regardless of the manner of adjudication, in any jurist <i>Any plea of nolo contendere shall be considered a conviction.</i>					
By signal Virging power her such and no proceed lawful	inia Real Estat of attorney, whaccessors in office otice to you medings arising of	ation, you acknowledge that if you are not a Virginia resident, or move the Appraiser Management Company License, you understand that thereby you appoint the Director of the Department of Professional and ice, to be your true and lawful agent attorney-in-fact, in your stead, up any be served and who is hereby authorized to enter an appearant of the trade or profession practiced; and that by submitting this appets you which is duly served on said agent and attorney-in-fact shall be at the contract of the trade of the tra	his application serves as a written d Occupational Regulation, and his/ bon whom all legal process against ce on your behalf in any case or olication you hereby agree that any				
15.	information that the firm, the consultations to receive under the property also certify a	igned, certify that the foregoing statements and answers are true, at might affect the Board's decision to approve this application. I certificontrolling person, the responsible person and any person who owns disciplinary action or convicted of a felony or misdemeanor or fair howing the requested license. I certify that I have read, understood and convisions of Title 54.1, Chapter 20.1 of the <i>Code of Virginia</i> , and and attest that any person that owns 10 percent or more of the appraisation of an appraisal management company seeking to be licensed paracter.	by that I will notify the Department if a 10 percent or more of the firm is using violations (in any jurisdiction) complied with all the laws of Virginia the <i>Real Estate Appraiser Board</i> as all management company and any				
	Signature of R	esponsible Person:					
	Print Name						
	Signature		Date				

Importance Reminder:

All applicants (the controlling person, and any person who owns 10 percent or more of the firm) for initial licensure are required to submit a set of fingerprints to the Virginia Central Criminal Records Exchange for the purpose of conducting a state and national fingerprint-based criminal history record.