



## Appraisal Management Company Controlling Person and Owner Registration

Use this form to register as, or make changes to, a Designated Controlling Person or Owner of 10% or more of an appraisal management company.

Send this completed form, a check or money order for the **\$35.25 non-refundable fee** payable to Department of Licensing, and all required attachments to:

**Appraisal Management Company Program**  
**Department of Licensing**  
**PO Box 3917**  
**Seattle, WA 98124-3917**

If you have any questions or need additional information, visit our website at [www.dol.wa.gov/business/appraisalmgmt](http://www.dol.wa.gov/business/appraisalmgmt) or contact us at (360) 664-6504.



### Application type (choose only one):

- ☐ New registration – must include your background check fingerprint card and processing fee of **\$35.25\***  
☐ Remove – **no fee**

\*You are required to submit a fingerprint card before we will process your application. Please contact us at (360) 664-6504 to get your fingerprint card. You may take the card to any law enforcement approved fingerprinting service. Each fingerprinting service sets its own fee, which you must pay at the time of fingerprinting. This is in addition to the \$35.25 processing fee you submit with this application.

**Incomplete applications will not be processed.**

### Check all that apply:

- ☐ Designated controlling person  
☐ Owner

### Designated controlling person/Owner information

<b>PRINT or TYPE</b> Designated controlling person/Owner name ( <i>First, Middle, Last</i> )			
Social Security number required*		Date of birth ( <i>mm/dd/yyyy</i> )	
Mailing address			
City		State	ZIP code
Physical address ( <i>if different</i> )			
City		State	ZIP code
(Area code) Telephone number	Email address		
Appraisal management company name		Washington UBI number	
Answer the following			
1. Have you ever been convicted of a crime, felony, or misdemeanor by this state, any other state, the federal government, or any other jurisdiction within the past ten years? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Has any license or certificate to act as an appraiser been surrendered in lieu of disciplinary action, refused, denied, cancelled, or revoked in any state? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

\*All applicants are required by federal and state law to provide their Social Security number (SSN) for use in child support enforcement programs (42 U.S.C. 666(a)(13) and RCW 74.20A.320). It may also be used for education loan repayment programs and identification of records with similar names. Submission of your SSN is mandatory; failure to submit it will result in denial of your application.

**Verification by oath or affirmation – Designated controlling person only (signature must be notarized)**

Designated controlling person, \_\_\_\_\_, hereby affirms it is aware it must comply with the applicable rules and understands the penalties for misconduct.

**X**

Designated controlling person signature

**Consent to service – Designated controlling person only (Out-of-state applicant - signature must be notarized)**

I, the undersigned, residing in the state of \_\_\_\_\_, have obtained or am about to obtain a registration/license/certification from the state of Washington to engage or continue in the business of an appraisal management company and hereby irrevocably consent that suits and actions may be commenced against the appraisal management company in any county of the state of Washington in which any party/plaintiff having cause of action against the company may reside and that service of any process or pleading in an action or suit may be made by delivering same to the Director of the Department of Licensing of the state of Washington, at Olympia, Washington.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
TYPE or PRINT Designated controlling person name

**X**

Designated controlling person signature

**Certification – Designated controlling person/Owner (signature must be notarized)**

By signing this application you understand that we, the Department of Licensing, have the right to inspect the records that you are required to keep by the laws and regulations that govern the license you are applying for.

It is your responsibility as a designated controlling person to cooperate with an investigation by providing the Department of Licensing with the requested documents and a written explanation of the matter contained in a complaint.

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

**X**

\_\_\_\_\_  
Date and place signed

\_\_\_\_\_  
Designated controlling person/Owner signature

**Notary – All signatures must be notarized**

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_

(Seal or stamp)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed or stamped name

Title \_\_\_\_\_ and \_\_\_\_\_

\_\_\_\_\_  
Expiration date of appointment