

FOR BOARD USE ONLY

APPLICATION #: _____ DATE APPROVED: _____ PROCESSED BY: _____

KANSAS REAL ESTATE APPRAISAL BOARD**AMC-2****CONTROLLING PERSON AND EACH OWNER OF MORE THAN 10% OF AMC**

(PLEASE PRINT OR TYPE)

GENERAL INSTRUCTIONS

- The applicant AMC must submit this form for each individual listed as the Controlling Person and each owner of more than 10% of the AMC.
- All questions must be answered.
- A completed fingerprint card and your check or money order, payable to the Kansas Bureau of Investigation (KBI), in the amount of \$48 must be attached.
- Page 4 **must** be completed by the fingerprinting agency at the time the fingerprints are taken, verifying how the individual's identity was confirmed.
- Submit the completed form (editable .pdf format) and all supporting documentation to: Kansas Real Estate Appraisal Board, 700 SW Jackson, Ste. 804, Topeka, KS 66603.
- Questions regarding the application should be directed to the Board office at (785) 296-6736 or via e-mail to cheryl.magathan@kreab.ks.gov.

PART I – APPRAISAL MANAGEMENT COMPANY1. LEGAL NAME: _____ FEIN #: _____
(AS IT APPEARS ON FORM AMC-1)**PART II – CONTROLLING PERSON AND EACH OWNER OF MORE THAN 10% OF APPLICANT AMC - CONTACT INFORMATION**1. Name: _____ 2. SS#:* _____
(Last) (First) (MI)

* Your social security number is required pursuant to 42 U.S.C. 666, K.S.A. 74-148 and K.S.A. 74-139, and may be used for child support enforcement purposes or provided to the Kansas Director of Taxation upon request. The SS# will be provided for the registry maintained by the Appraisal Subcommittee of the Federal Financial Institutions Examination Council pursuant to federal law.

3. CONTROLLING PERSON ☐ OWNER OF MORE THAN 10% OF AMC ☐ % OF OWNERSHIP: _____

4. Date of Birth: _____ 5. E-mail Address: _____

6. Have you ever been known by any other name or alias (including maiden name): ☐ Yes ☐ No

If "yes", list all names or aliases by which you are or have been known: _____

7. Residence Address: _____
Street City State Zip Code8. Mailing Address: _____
Street or PO Box City State Zip Code

9. Business Phone: _____ 10. Business Fax: _____

PART III – REAL ESTATE APPRAISER CREDENTIALING INFORMATION

1. Do you now, or have you in the past, held an appraiser's license/certificate (including Provisional) in the State of Kansas?

☐ Yes ☐ No If "yes", provide the license/certificate number: _____

2. Do you now, or have you in the past, been licensed or certified as an appraiser in any state other than Kansas?

☐ Yes ☐ No If "yes", list all states: _____

PART IV – DECLARATION

In responding to the following, if the record has been sealed or expunged, and the individual has personally verified that the record was sealed or expunged, the individual may respond "no" to the question. If the response to any question below is "yes," please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate. Have you ever:

☐ Yes ☐ No

Pled guilty, or nolo contendere, or been convicted of, any felony?

☐ Yes ☐ No

Been, within the last ten years, a part to any civil action involving dishonesty, breach of trust, or a financial dispute?

I, _____, the Controlling Person or owner of more than 10% of the AMC identified in Part I above, state that I have read the foregoing form and that the answers supplied, including all supporting documents attached, are true and correct to the best of my knowledge and belief. Further, I state:

1. that I agree individually and on behalf of the AMC to comply with the Kansas Appraisal Management Company Registration Act and the administrative rules adopted by the Kansas Real Estate Appraisal Board in all conduct under any certificate of registration issued; and
2. that I understand that an intentional misstatement of any fact required to be disclosed on this form constitutes a violation of the Kansas Appraisal Management Company Registration Act and shall be cause for refusal or revocation of a certificate of registration. I understand and agree that the Kansas Real Estate Appraisal Board may conduct a criminal history background investigation.

DATE SIGNED_____
SIGNATURE OF CONTROLLING PERSON

Empty

FINGERPRINT-BASED RECORD CHECKS FOR NONCRIMINAL JUSTICE PURPOSES

I hereby authorize the Kansas Real Estate Appraisal Board (Authorized Recipient) to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and national history records that may pertain to me. Pursuant to K.S.A. 22-4701 et seq. and K.S.A. 22-5001, the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, if any, received on me, and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status for eligibility for any pertinent license, certification or registration, or adoption. See 28 (CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure, or standard established by the National Crime Prevention and Privacy Compact Council. (See 5 United States Code (USC) 552a(b); 28 USC 534(b); 42 USC 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).

I have ☐ **OR** have not ☐ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under the provisions of Title 21 Kansas Statutes Annotated, Section 3805.

SIGNATURE

DATE

PRINTED NAME

DATE OF BIRTH

RESIDENTIAL ADDRESS

CITY

STATE

ZIP CODE

FINGERPRINT-BASED RECORD CHECKS FOR NONCRIMINAL JUSTICE PURPOSES

RIGHT TO OBTAIN AND CHALLENGE ACCURACY OF CRIMINAL HISTORY RECORDS

To obtain a copy of your Kansas criminal history record information (CHRI) to review for accuracy and completeness, you must send a set of your fingerprints, a letter requesting your record and payment of the appropriate fee to the KBI. For further details, including the current fee, visit the following Internet website: [http://www.kansas.gov/kbi/criminal history](http://www.kansas.gov/kbi/criminal%20history). Or, to provide official court documents to make a correction you may write to:

Kansas Bureau of Investigation
Attn: Criminal History Records
1620 SW Tyler
Topeka, Kansas 66612-1837

If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer, or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

To obtain a copy of your federal CHRI for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. Information regarding this process may be obtained at: http://www.fbi.gov/about-us/cjis/background-checks/background_checks. Or, you may write to:

FBI CJIS Division- Record Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

TO BE COMPLETED BY THE FINGERPRINTING AGENCY:

(VERIFICATION OF HOW THE INDIVIDUAL BEING FINGERPRINTED WAS IDENTIFIED)

METHOD OF VERIFYING IDENTITY:

☐ DRIVER'S LICENSE
☐ MILITARY ID CARD

☐ STATE ISSUED ID CARD

STATE/BRANCH ISSUING THE ABOVE ID: _____ ID NUMBER OF THE ABOVE: _____

FINGERPRINTING AGENCY NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

NAME OF INDIVIDUAL VERIFYING IDENTITY: _____

**ORIGINAL – MUST BE RETAINED BY AUTHORIZED RECIPIENT
COPY – PROVIDED TO SUBJECT OF CRIMINAL HISTORY RECORD CHECK**