



## APPRAISER CERTIFICATION AND LICENSURE BOARD

3000 Market Street SE, Suite 541

Salem, Oregon 97301

Telephone (503) 485-2555

Fax (503) 485-2559

www.oregonaclb.org

### APPRAISAL MANAGEMENT COMPANY CHANGE OF OWNERSHIP APPLICATION

**\*\*Carefully read and follow the attached instructions\*\***

#### 1. Appraisal management company contact information:

Name:

Type of entity:

Assumed business name in Oregon (if any):

Physical address:

City:

State:

ZIP:

Mailing address (if different):

City:

State:

ZIP:

Business Phone:

Fax:

Name of Contact Person:

Title:

Address/City/State/Zip:

Contact Phone:

Business Website:

Contact E-mail:

#### Non-Refundable Fees -- Application and background fees are due at time of application.

Application Fee	Background Check	Total Fees Paid
\$1,000	\$44.50 x _____ (number of subject individuals)	\$

Visa   MasterCard	Phone:
Credit card number	Expiration date
Name of cardholder as shown on credit card	
Cardholder signature	\$ _____ Amount

**Make check or money order payable to: ACLB**

**Mail application with payment to:**

Appraiser Certification and Licensure Board

3000 Market Street NE, Suite 541

Salem OR 97301

#### Secure fax for credit card payments: (503) 485-2559

If paying by credit card, applicant must sign credit-card information box above.

**2. Controlling Person contact information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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Physical address: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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Mailing address (if different): \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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E-mail: \_\_\_\_\_

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**3. List each individual/entity (including stockholders) who owns 10 percent or more of the appraisal management company, and list each person who shall have an interest in the appraisal management company as an Owner, Principal, Partner, Officer, Director or Trustee, specifying the capacity and title of each person. If more space is needed, please attach a separate sheet of paper.**

Name, title, and license number	Address	Phone • Fax • E-mail	Ownership %
Name: Title: Appraiser/AMC license, registration or certification no.: State issued in:	Street: City: State/ZIP:	Phone: Fax: E-mail:	%
Name: Title: Appraiser/AMC license, registration or certification no.: State issued in:	Street: City: State/ZIP:	Phone: Fax: E-mail:	%
Name: Title: Appraiser/AMC license, registration or certification no.: State issued in:	Street: City: State/ZIP:	Phone: Fax: E-mail:	%
Name: Title: Appraiser/AMC license, registration or certification no.: State issued in:	Street: City: State/ZIP:	Phone: Fax: E-mail:	%

Each new individual noted above shall be required to submit a fingerprint card to the Board for purposes of conducting a nationwide criminal background check.

Page 3 of 3. Appraisal management company name: \_\_\_\_\_

**4. Is the appraisal management company based in Oregon? Yes No**

If no, please provide the contact information of your agent registered to receive service of process:

Name: \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**5. By signing this document, applicant certifies that:**

- The controlling person designated in Section 2 and the owners designated in Section 3 have never had a license, certification, or registration to act as an appraiser or appraisal management company refused, denied, canceled, or revoked in this or any other state.
- Applicant understands that withholding information, falsification or misrepresentation of any of the information submitted as part of this application is grounds for denial of this application and could be grounds for subsequent disciplinary action.
- The appraisal management company complies with the minimum requirements in OAR 161-520-0020 regarding appraiser competency.
- The appraisal management company requires an appraiser completing an appraisal at the company's request to confirm that the appraiser is competent to perform the appraisal assignment before accepting the assignment.
- The appraisal management company maintains for at least five years: 1) A record of each appraisal management services request the company receives and the appraiser who performs the real estate appraisal activity contained in the request, and 2) A copy of each written complaint received by the appraisal management company, along with proof of documentation showing the complaint was forwarded to the appraisal management company's client for the appraisal assignment.
- The appraisal management company provides training to employees who select appraisers for an appraisal panel, select appraiser to perform real estate appraisal activity, or perform quality control examinations, and that the training complies with the requirements set forth in OAR 161-540-0010.
- The appraisal management company has written policies and procedures demonstrating compliance with ORS 674.220.
- The appraisal management company has a system in place to require that appraisals are conducted independently and without inappropriate influence or coercion as required by the appraisal independence standards established under section 129E of the Truth in Lending Act including any implementing regulations.
- The appraisal management company requires appraisers completing appraisals at the company's request to comply with the Uniform Standards of Professional Appraisal Practice.
- Any employee of the appraisal management company that performs the act or process of developing and communicating a reviewer's own opinion of value as part of the appraisal review for a property located in this state, is an Oregon licensed/certified real estate appraiser.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

## **AMC CHANGE OF OWNERSHIP REQUIREMENTS AND FILING INSTRUCTIONS**

1. **AMC Change of Ownership Application:** An appraisal management company with a change of individual ownership greater than fifty (50) percent interest in the appraisal management company, must complete and submit to the Board the AMC Change of Ownership application form. In accordance with Oregon laws, the application must include the name and contact information of an individual that will be the initial point of contact for all communication with the Board, and the name and contact information for each controlling person and subject individual who owns 10 percent or more of the entity. If more space is needed, you can attach a separate sheet of paper.
2. **Register with the State of Oregon Secretary of State:** For information or to request filing forms, contact the Secretary of State's office at (503) 986-2200 or visit their website at [www.sos.state.or.us](http://www.sos.state.or.us). The name of the company registered with the Secretary of State must be the same as the name on the AMC registration application and the Surety Bond.
3. **Background Check:** Each new subject individual and controlling person placed on the application must complete and submit an "Appraisal Management Company Background Check Authorization" form, along with a fingerprint card (place fingerprint cards in a sealed envelope), a resume of the past five years of work experience, and a fee of \$44.50 per subject individual to process the criminal background check.
4. **Surety Bond:** Submit a completed original Appraisal Management Company Surety Bond form with Power of Attorney authorization form from the insurance company, or an irrevocable letter of credit issued by an insured institution, as defined in ORS 706.008, in the amount of \$25,000.
5. **Fees:** Include the application fee of \$1,000 and the appropriate fingerprint fees.
6. **Disclosures:** Include a written disclosure of any administrative actions (not including investigations) by any state to refuse, deny, cancel, or revoke a license, certificate, or registration as an appraiser or as an appraisal management company.