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**APPLICATION FOR CHANGE OF COMPLIANCE PERSON OF
APPRAISAL MANAGEMENT COMPANY
ONLY TO BE COMPLETED BY COMPLIANCE PERSON**

SECTION 1: COMPLIANCE PERSON INFORMATION

1. NAME OF APPRAISAL MANAGEMENT COMPANY		
2. APPRAISAL MANAGEMENT COMPANY REGISTRATION NUMBER		
3. FORMER COMPLIANCE PERSON		
4. NEW COMPLIANCE PERSON	FIRST	
	MIDDLE	
	LAST	
5. ADDRESS	STREET	
	CITY	
	STATE	ZIP
6. SOCIAL SECURITY NUMBER		
7. TELEPHONE NUMBER		
8. EMAIL ADDRESS		
9. TITLE OR TITLES		
10. DO YOU HOLD A CERTIFICATE OR LICENSE FOR THE PRACTICE OF REAL ESTATE APPRAISING IN THE COMMONWEALTH OF PENNSYLVANIA OR ANY OTHER JURISDICTION? IF YES, PROVIDE LETTER OF GOOD STANDING FROM EACH STATE. IF YES, LIST STATES, ATTACH ADDITIONAL SHEET IF NECESSARY	YES _____ _____	NO _____
11. IS THE COMPLIANCE PERSON AN OWNER OF THE APPRAISAL MANAGEMENT COMPANY?	YES _____	NO _____
12. DATE CURRENT COMPLIANCE PERSON DISCONTINUED EMPLOYMENT		
13. BEGINNING DATE OF NEW COMPLIANCE PERSON		

SECTION 2: CRIMINAL AND DISCIPLINARY INFORMATION FOR COMPLIANCE PERSON

ANSWER THE FOLLOWING	YES	NO
<p>1. HAVE YOU EVER BEEN DISCIPLINED (E.G., REVOCATION, SUSPENSION, FINE, REPRIMAND) BY AN OCCUPATIONAL LICENSING OR CERTIFICATION BOARD OR COMMISSION IN PENNSYLVANIA OR ANY OTHER STATE?</p> <ul style="list-style-type: none"> IF YOU ANSWER YES, YOU MUST SUBMIT A DETAILED EXPLANATION IN YOUR OWN WORDS AND A CERTIFIED COPY OF THE BOARD ACTION. 		
<p>2. DO YOU NOW, OR HAVE YOU EVER, HELD A LICENSE OR CERTIFICATE ISSUED FOR THE PRACTICE OF MORTGAGE BROKERS OR SALESPERSONS, THE SALE OF SECURITIES, THE PRACTICE OF LAW OR THE PRACTICE OF ACCOUNTING?</p> <p>IF "YES", LIST: _____</p> <p>_____</p>		
<p>3. ARE THERE DISCIPLINARY CHARGES NOW PENDING AGAINST YOU BY AN OCCUPATIONAL LICENSING OR CERTIFICATION BOARD OR COMMISSION IN PENNSYLVANIA OR ANY OTHER STATE?</p> <ul style="list-style-type: none"> IF YOU ANSWER YES, YOU MUST SUBMIT A DETAILED EXPLANATION IN YOUR OWN WORDS AND A CERTIFIED COPY OF THE BOARD ACTION. 		
<p>4. HAVE YOU EVER WITHDRAWN AN APPLICATION, HAD AN APPLICATION DENIED OR REFUSED, OR AGREED NOT TO REAPPLY FOR A LICENSE, CERTIFICATION OR REGISTRATION IN ANOTHER STATE, TERRITORY OR COUNTRY?</p> <ul style="list-style-type: none"> IF YOU ANSWER YES, YOU MUST SUBMIT A DETAILED EXPLANATION IN YOUR OWN WORDS AND COPIES OF ANY DOCUMENTATION YOU RECEIVED FROM THE LICENSING BOARD REGARDING THIS MATTER. 		

SECTION 3: APPRAISAL MANAGEMENT COMPANY CERTIFICATIONS

I CERTIFY THAT THE APPLICANT HASINITIALS OF COMPLIANCE PERSON	YES	NO
<ul style="list-style-type: none"> DOES THE APPLICANT HAVE A SYSTEM IN PLACE TO VERIFY THAT A PERSON BEING ADDED TO AN APPRAISER PANEL OF THE APPLICANT OR WHO WILL OTHERWISE PERFORM APPRAISALS FOR THE APPLICANT OF PROPERTY LOCATED IN THIS COMMONWEALTH IS A CERTIFIED APPRAISER AND IN GOOD STANDING IN THIS COMMONWEALTH? 		
<ul style="list-style-type: none"> DOES THE APPLICANT HAVE A SYSTEM IN PLACE FOR THE PERFORMANCE OF APPRAISAL REVIEWS WITH RESPECT TO THE WORK OF ALL APPRAISERS THAT ARE PERFORMING APPRAISALS FOR THE APPLICANT OF PROPERTY LOCATED IN THIS COMMONWEALTH TO DETERMINE WHETHER THE APPRAISALS ARE BEING CONDUCTED IN CONFORMANCE WITH THE MINIMUM STANDARDS UNDER REACA ON A PERIODIC BASIS AND WHEN REQUESTED BY A CLIENT? 		
<ul style="list-style-type: none"> DOES THE APPLICANT HAVE A SYSTEM IN PLACE TO COMPLY WITH THE PROVISIONS OF SECTION 36.335, RELATING TO RECORD KEEPING? 		

SECTION 4: CERTIFICATION STATEMENT FOR COMPLIANCE PERSON

I CERTIFY THAT I POSSESS THE AUTHORITY TO SUBMIT AND SIGN THIS APPLICATION AND TO EXECUTE THE CERTIFICATIONS AND VERIFICATIONS HEREIN.

I VERIFY THAT THIS FORM IS IN THE ORIGINAL FORMAT AS SUPPLIED BY THE DEPARTMENT OF STATE AND HAS NOT BEEN ALTERED OR OTHERWISE MODIFIED IN ANY WAY. I AM AWARE OF THE CRIMINAL PENALTIES FOR TAMPERING WITH PUBLIC RECORDS OR INFORMATION PURSUANT TO 18 Pa. C.S. §4911.

ADDITIONALLY, I VERIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENT MADE IS SUBJECT TO THE PENALTIES OF 18 Pa. C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES AND MAY RESULT IN THE DENIAL, SUSPENSION OR REVOCATION OF THE REGISTRATION OF THE APPRAISAL MANAGEMENT COMPANY OR AUTHORIZATION TO ACT AS A COMPLIANCE PERSON.

APPLICANT'S SIGNATURE _____ DATE _____