

Appraisal Management Company Application

Use this form to apply for an Appraisal Management Company (AMC) license.

Send this completed form, a check or money order for the **\$2,400 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**

For validation only

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

You must submit the following with your application (*check all that are included*):

- Non-refundable application fee – **\$2,400**.
- A completed Appraisal Management Company Controlling Person and Owner Registration, form APR-622-189, for the designated controlling person and each owner that owns 10% or more of the AMC.
- A background check fingerprint card and appropriate fee for the designated controlling person and each owner that owns 10% or more of the AMC.
- Proof of surety bond – include Appraisal Management Company Surety Bond, form APR-622-190.

Incomplete applications will not be processed.

Applicant

PRINT or TYPE Company name		Washington UBI number	
Name company will do business as (<i>if applicable</i>)			
Mailing address			
City		State	ZIP code
Physical address, if different (<i>Address, City, State, ZIP code</i>)			
Company website		Designated controlling person name	
(Area code) Telephone number		Email address	
Type of business (<i>check one</i>)			
<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Foreign corporation <input type="checkbox"/> Limited Liability Company			
Answer the following			
1. Do you have a system in place to verify that a person added to your appraiser panel for work done in Washington holds a license or certificate in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Do you have a system in place to review the work of your appraisers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Do you have a policy in place to periodically review the work of your appraisers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Do you maintain detailed records of each service request you receive? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Do you maintain detailed records of each appraiser that performs real estate appraisal services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Do you understand that you are required to maintain copies of the completed appraisal reports for a minimum of five (5) years, or at least two (2) years after final disposition of any judicial proceeding related to the assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Has your company ever had a civil court order, verdict, or judgment entered against it in any court of competent jurisdiction, in this or any other state, by the federal government or by any other jurisdiction in which the subject matter involved real estate, real estate appraisals, or business-related activity in the past ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Verification by oath or affirmation

Appraisal Management Company, _____, hereby affirms it is aware it must comply with the applicable rules and understands the penalties for misconduct.

X

Designated controlling person signature

Date

Consent to service – must be notarized

I, the undersigned, residing in the state of _____, have obtained or am about to obtain a license 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 it 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

Notary

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

By signing this application you understand that we, the Department of Licensing (DOL), 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 licensee to cooperate with an investigation by providing DOL 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.

Date and place signed

X

Designated controlling person signature

Once filed, this application is a public record and is subject to public disclosure.

RCW 18.140; 13.310.060; 42.56.