



DO NO WRITE IN THIS SPACE	
Date application received _____	
Date Application approved _____	
Registration Number _____	
Date Issued _____	

**Wyoming Certified Real Estate Appraiser Board
2020 Carey Avenue, Suite 702
Cheyenne, Wyoming 82002**

WYOMING APPRAISAL MANAGEMENT COMPANY REGISTRATION

Registration Fee:\$1,800.00

ALL FEES ARE NON-REFUNDABLE

TO REGISTER AN APPRAISAL MANAGEMENT COMPANY, WE WILL NEED:

1. **Appraisal Management Company Application and Check or Credit Card form for Fee (\$1,800.00)**
2. **Wyoming Fingerprint Cards for the Designated Contact person and all persons with at least ten percent (10%) ownership.** Properly executed fingerprint cards and \$39 in certified funds or money order, made payable to the Office of the Attorney General. **(Registration will not be issued until fingerprint cards are processed and a satisfactory report is received from the Dept. of Criminal Investigation. Fingerprint cards can be submitted to the Commission office prior to application process to avoid possible delay of licensing.)**
3. **Current Photo for Designated Contact person of the Appraisal Management Company.**
4. **Description of the process which verifies that an appraiser being added to the Appraiser Panel holds their Appraisal Certification in "Good Standing".**
5. **A copy of an Engagement Document between the Appraiser and AMC.**
6. **A Certificate of Good Standing with the Wyoming Secretary of State.**
7. **Copy of the Certificate of Incorporation (Inc.), Partnership Agreement or Articles of Organization (LLC).**
8. **A copy of the existing surety bond held by your AMC.**

***ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.**

***INCOMPLETE FORMS WILL NOT BE ACCEPTED.**

Registrations will not be issued or take effect prior to July 1, 2013.

Section A: Appraisal Management Company (AMC)

LEGAL NAME: (Name in which you will conduct business in the state of Wyoming.)		Federal Tax ID number	
BUSINESS MAILING ADDRESS:			
STREET	TOWN	STATE	ZIP
BUSINESS PHYSICAL ADDRESS:			
STREET	TOWN	STATE	ZIP
BUSINESS PHONE	BUSINESS FAX	WEBSITE	
List all states where applicant AMC currently holds an active or expired license/registration.			

Section B: Designated Contact Person

LAST	FIRST	MIDDLE	TITLE
BUSINESS MAILING ADDRESS:			
STREET	TOWN	STATE	ZIP
BUSINESS PHONE	BUSINESS FAX	EMAIL	

Section C: List the names of all persons owning more than ten percent (10%) of the AMC including the Designated Contact Person showing each person's percentage of ownership. Attach additional sheets if necessary.

FULL LEGAL NAME	RESIDENTIAL ADDRESS	PERCENTAGE

Section D: List the names of all Wyoming Certified Appraisers on the AMC's panel. It is the AMC's responsibility to keep a copy of the written agreement between each Appraiser and the AMC. (Attach additional sheets if necessary.)

FULL LEGAL NAME	ADDRESS	LICENSE NUMBER

(Any change of above listed information must be reported within a reasonable time)

**Section E: Each AMC must provide proof of financial responsibility in the form of:
A Surety Bond of not less than \$25,000 coverage.**

PROVIDE THE SURETY BOND NAME AND NUMBER. ATTACH A COPY OF THE BOND TO THIS FORM.

Surety Name: _____

Bond Number: _____

Section F: Background verification of the Designated Contact person.

1. _____Yes___No Do you understand that making a false representation in an application shall be cause for the Commission to take disciplinary action, including suspension or revocation of such?
2. _____Yes___ No Have you ever had an application for an AMC certificate/license/registration rejected in Wyoming or in any other state? If yes, submit explanation.
3. _____Yes ___No Has any surety company ever declined to be a surety on your bond, or revoked a bond? If yes, submit explanation.
4. _____Yes___No Have you ever been convicted or pleaded nolo contendere to a felony or are such charges pending at this time? If yes, give nature of each arrest or complaint, date, name and location of court, and disposition of each incident. If now on parole or probation, so state.

Section G: Consent to Service of Process

I hereby acknowledge and agree that I am the Designated Contact person of the applicant AMC identified in Section A of this application, and individually and on behalf of the AMC, I do hereby:

(Section G continued on next page)

1. Stipulate and agree that any suits and/or legal actions that may be commenced against the AMC set forth in Section A of this application, the Designated Contact person identified in Sections B of this application, or any owner's identified in Section C of this application, or any subsequent changes of information on file, may be brought in any court of competent jurisdiction of any county in Wyoming in which a cause of action may arise due to the actions or omissions of the AMC, the Designated Contact person, or any owner; or in the county in which the plaintiff resides.

2. Further, I also stipulate and agree that service of process on the AMC, Designated Contact person, or owner, as identified above, shall be made by service upon the Executive Director of the Certified Real Estate Appraiser Board as the service agent of the AMC, Designated person, or owner, and such service may be held in all courts to be valid and binding as if personal service had been made upon me in Wyoming; and further that the Executive Director of the Certified Real Estate Appraiser Board shall immediately mail a copy of any such process to the Designated Contact person at the address on file with the Certified Real Estate Appraiser Board.

3. Further, I also stipulate and agree that any grievances and/or complaints that may be commenced against the AMC, the Designated Contact person, or any owner by the Certified Real Estate Appraiser Board shall be made by service upon the Executive Director of the Certified Real Estate Appraiser Board shall mail a copy thereof to the Designated Contact person at the address on file with the Certified Real Estate Appraiser Board.

4. Further, I understand that this consent is irrevocable in nature and is applicable to any grievance, complaint, suit, or legal action arising out of appraisal-related actions or omissions of the AMC, Designated Contact person or any owner in Wyoming.

State of: _____

County of: _____

SIGNATURE OF DESIGNATED CONTACT PERSON

Subscribed and sworn to before me, a Notary Public, this _____ day of, _____, 20____.

Notary Public Signature

NOTARY SEAL

My Commission Expires _____

Section H: Declarations

I, _____, the undersigned Designated Contact person for the AMC identified in the above and foregoing Section A, being first duly sworn, state and affirm that I have read the within and foregoing application and that the answers supplied herein, including all supporting documents attached, are true and correct to the best of my knowledge and belief. Further, I certify individually and on behalf of said applicant AMC:

1. that said applicant AMC is legally formed pursuant to applicable state law and shall comply with all Wyoming laws necessary to validly operate within the State of Wyoming;

2. that said applicant AMC will comply with federal and state laws applicable to appraisal management companies, the laws and the administrative rules promulgated by the Certified Real Estate Appraiser Board in all its conduct under any certificate of registration issued pursuant to this application;

3. that no person owning more than 10% of the applicant AMC has held or applied for a credential to act as a real estate appraiser in any appraiser-credentialing jurisdiction, which credential was refused, denied, cancelled, revoked or surrendered in lieu of discipline and was not subsequently granted or reinstated;

4. that no entity that owns more than 10% of the applicant AMC is more than 10 percent owned by an individual who has held or applied for a credential to act as a real estate appraiser in any appraiser-credentialing jurisdiction, which credential was refused, denied, cancelled, revoked or surrendered in lieu of discipline and was not subsequently granted or reinstated;

5. that AMC has a system in place to verify that utilized appraisers are licensed or certified and in good standing by this state;

6. that AMC has a system in place to review the work of utilized appraisers who perform appraisal services to validate that the services were conducted in conformity with the Uniform Standards of Professional Appraisal Practice;

7. that AMC has a system in place to verify that any employee of, or independent contractor to, the appraisal management company that is utilized to perform an appraisal review, of the work of utilized appraisers who perform an appraisal assignment for a property located in Wyoming, be licensed or certified and in good standing by this state;

(Section H continued on next page)

8. that AMC that has a reasonable basis to believe an appraiser is failing to comply with the Uniform Standards of Professional Appraisal Practice, is violating applicable laws, or is otherwise engaging in unethical or unprofessional conduct, in a manner that materially affects the value conclusion contained in an appraisal report, shall file a complaint with the board;

9. that AMC will disclose to its client(s) the actual fees paid to an appraiser for appraisal services, separate from any other fees or charges for appraisal management services, and make the information available to the department upon request;

10. that AMC will disclose its registration number within its engagement document with each utilized appraiser;

11. that my failure to make a full and accurate disclosure of any information called for herein may result in the denial of a registration. Further, any registration obtained on the basis of this application may be revoked or suspended for my failure to disclose full and accurate information herein;

12. that I affirm that I have read and agree to comply with all provisions of the Wyoming Appraisal Management Company laws and rules;

I, _____, being first duly sworn on oath, depose and say under penalty of perjury that the foregoing statements are true and correct.

State of: _____

County of: _____

SIGNATURE OF DESIGNATED CONTACT PERSON

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, 20____.

Notary Public Signature

NOTARY SEAL

My Commission Expires _____