



**NH REAL ESTATE APPRAISER BOARD**  
**121 SOUTH FRUIT STREET, CONCORD, NH 03301**

**APPRAISAL MANAGEMENT COMPANY (AMC) APPLICATION**  
**FOR PRACTICE IN NEW HAMPSHIRE**

<b>PART 1. COMPANY INFORMATION- Must agree with information submitted to Secretary of State</b>	
Company Name:	AMC#
DBA (If Applicable):	
Company Names Previously Used:	
Business Address:	
Contact Person:	Telephone Number:
Contact Email Address:	
Name and Address of Agent:	

(If corporation is not domiciled in NH)

<b>PART II. FEE SCHEDULE</b>	<b>CRITERIA</b>	<b>PAYMENT INFORMATION</b>
<input type="checkbox"/> Application Fee \$900.00	Payable Immediately	Make check payable to "Treasurer, State of New Hampshire" <b>OR</b> pay by Visa or MasterCard by downloading the credit card sheet <a href="http://www.state.nh.us/jtboard/forms.htm">www.state.nh.us/jtboard/forms.htm</a>
<input type="checkbox"/> Renewal Fee \$800.00	Payable by December 31, 2016	

<b>PART III. PLEASE LIST NAMES AND ADDRESSES OF ANY INDIVIDUAL OR ANY CORPORATION, PARTNERSHIP, OR OTHER BUSINESS ENTITY THAT OWNS 10 PERCENT OR MORE OF THE APPRAISAL MANAGEMENT COMPANY- If company is wholly owned by another company a criminal background check must be performed on the CEO or head of the AMC, please list names and titles under the owning corporation below. Attach Additional Sheets if Necessary</b>	
Name	Address

<b>PART IV. NAME AND ADDRESS OF ONE CONTROLLING PERSON DESIGNATED AS THE MAIN CONTACT</b>		
Name	Address	E-Mail

<b>PART V. STATEMENTS</b>	<b>ANSWER EACH QUESTION "YES" OR "NO"</b>
<p><b>1.</b> I certify that the entity requires appraiser completing appraisals at its request to comply with USPAP including the requirements for geographic and product competence.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

PART V. STATEMENTS CONTINUED	ANSWER EACH QUESTION "YES" OR "NO"
2. I certify that the company is not owned and does not employ any person to perform job functions related to the ordering, preparation, performance, or review of appraisals who has had an appraiser license or certificate in this state or in any other state, refused, denied, cancelled, surrendered in lieu of revocation, or revoked, unless such license or certificate was subsequently granted or reinstated.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. I certify that the company is not more than 10 percent owned by a person who has been convicted of, or entered a plea of nolo contendere to, a felony relating to the practice of appraisal, banking, mortgage lending or the provision of financial services, or any crime involving fraud, misrepresentation or moral turpitude.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. I certify that the entity will maintain a detailed record of each service request that it receives and the appraiser that performs the residential real estate appraisal services for the appraisal management company.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. I certify that the entity has a system and process in place to verify that an individual being added to the appraiser panel of the Appraisal Management Company holds a license in good standing.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. I certify that the entity has a system in place to verify that only licensed or certified appraisers are used for federally related transactions.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. I certify that the entity has a system or process to require that appraisals are conducted independently and free from inappropriate influence and coercion as required by the appraisal independence standards established under section 129E of the Truth in Lending Act, including the requirement that fee appraisers be compensated at a customary and reasonable rate when the appraisal management company is providing services for a consumer credit transaction secured by the principal dwelling of a consumer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Has the entity for which this application is submitted been convicted of a crime? If "yes" you must provide a detailed written explanation and attach the official court documents.	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Does the entity for which this application is submitted have any criminal charges pending against it in any jurisdiction (USA or elsewhere)? If "yes" you must provide a detailed written explanation and attach a copy of the charging documents.	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>VII. CRIMINAL RECORD RELEASE - NOT NEEDED FOR RENEWALS UNLESS CONTROLLING PERSON HAS CHANGED</b>	
<p><b>Each person that owns more than 10 percent of an appraisal management company shall be of good moral character, as determined by the board, and shall submit to a background investigation carried out by the board. If the AMC is wholly owned by another corporation the CEO or controlling person of the AMC must submit to the background check.</b></p> <p>I have submitted to the department of Safety, Division of State Police, a notarized criminal record release authorization along with any required fee, with the board identified as the recipient of the record or records.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO  Date Submitted:  Names Submitted: 1. 2. 3.

I attest that the information contained in this form is true and correct to the best of my knowledge and belief and acknowledge that the provision of false information in the application is a basis for disciplinary action by the board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# IRREVOCABLE UNIFORM CONSENT TO SERVICE OF PROCESS

**This is to be completed if the person seeking registration is not a corporation that is domiciled in New Hampshire; the name and contact information for the company's Agent for Service of Process is required.**

The undersigned applicant for registration as an appraisal management company in New Hampshire

\_\_\_\_\_

Print Name of Company

does hereby irrevocably consent, stipulate and agree that suits, actions and administrative proceedings may be commenced against such applicant in the courts and agencies of this State, by the service of any process authorized by the laws of this State on the Executive Director of the New Hampshire Joint Board and that service of such process upon said Director shall be taken and held in all courts to be as valid and binding as if the service had been made upon said applicant in the State of New Hampshire.

Name of Agent for Service of Process (Firm or Individual)			
Title			
Mailing Address	City	State	Zip code
Physical Address	City	State	Zip code
Business Telephone Number			

I, \_\_\_\_\_ (Name), am authorized to act as an agent for service of process in the State of New Hampshire on behalf of \_\_\_\_\_ (Name of AMC), an entity organized and existing under the laws of the State of \_\_\_\_\_ (Current resident state), for purposes of this application before the New Hampshire Joint Board to obtain an Appraisal Management Company Registration. The complete address within New Hampshire whereby I, on behalf of \_\_\_\_\_ (Name of AMC), may be served with process by the New Hampshire Joint Board on his/her designee as follows: \_\_\_\_\_.

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_



# State of New Hampshire Criminal Records Unit

Department of Safety  
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM

## REAL ESTATE APPRAISERS BOARD NH RSA 310-B:6-a

### INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

### SECTION I (PLEASE PRINT CLEARLY)

NAME \_\_\_\_\_  
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

SEX \_\_\_\_\_ DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

My signature below certifies I am the individual listed above and the information provided is true

YOUR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to RSA 641:3

### SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

Real Estate Appraisers Board

NAME OF PERSON/ENTITY TO RECEIVE RECORD

ADDRESS 121 South Fruit Street Concord, NH 03301  
STREET CITY STATE ZIP CODE

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(AFFIX Seal) (comm. Exp.)

*Bolton Carter* 2/2/15  
SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD DATE

### RECORD CHALLENGE

**Saf-C 5703.12 Procedure for Correcting a CHRI** (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

**WARNING:** The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

### FEES

LIVESCAN - \$39.75 (\$49.75 if printed at a state police livescan site)

INKED - \$49.75

NOTE: Make checks payable to: State of NH - Criminal Records

Applicant fingerprint card must be submitted at the same time as payment and this form.

**Credit Card Sheets are not accepted via e-mail.**

**You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.**

Transaction Type:		Amount Due:	
Card Type: (please select one)	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<b>(required)</b>
Card Number			<b>(required)</b>
Expiration Date:	Month:	Year:	<b>(required)</b>
Billing Name and Address (your billing address must match the address associated with the credit card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			

**CONFIDENTIAL**