



STATE OF TENNESSEE
TENNESSEE REAL ESTATE APPRAISER COMMISSION
APPRAISAL MANAGEMENT COMPANY REGISTRATION
DEPARTMENT OF COMMERCE AND INSURANCE
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
Phone (615) 741-1831 Fax (615) 253-1692
<http://tn.gov/commerce/boards/treac/index.shtml>

**APPRAISAL MANAGEMENT COMPANY (AMC) CHANGE OF OWNER/CONTROLLING PERSON
NO FEES ASSOCIATED WITH THIS FORM**

(This form may be used to change owner(s)/controlling person of an AMC)

APPRAISAL MANAGEMENT COMPANY NAME: _____

APPRAISAL MANAGEMENT COMPANY REGISTRATION # _____

MAILING ADDRESS: _____

PHYSICAL BUSINESS ADDRESS (If different): _____

BUSINESS PHONE NUMBER: _____

BUSINESS E-MAIL ADDRESS: _____

WEBSITE: _____

PERVIOUS CONTROLLING PERSON: _____

NEW CONTROLLING PERSON: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH _____

CONTROLLING PERSON MAILING ADDRESS: _____
(**REQUIRED** IF DIFFERENT FROM ABOVE; IF SAME ADDRESS INDICATE SAME AS ABOVE)

CONTROLLING PERSON PHONE NUMBER: _____

CONTROLLING PERSON E-MAIL ADDRESS: _____

CLEAR COPY OF A DRIVERS LICENSE OR OTHER PHOTO IDENTIFICATION FOR THE CONTROLLING PERSON **AND/OR** ANY PERSON OWNING MORE THAN TEN PERCENT (10%) OF THE APPRAISAL MANAGEMENT COMPANY.

AFFIDAVIT OF CONTROLLING PERSON

I, _____ (Name of Controlling Person) do hereby certify that I am fully aware of my responsibilities under T.C.A. § 62-39-410 as the designated controlling person to ensure compliance with all applicable state laws and rules on behalf of the registered Appraisal Management Company's operation in Tennessee. I have never been convicted of a criminal act involving moral turpitude. I have not had a license or certificate to act as an appraiser refused, revoked or surrendered in lieu of disciplinary action in any state.

The Appraisal Management Company named in this application:

- 1) Has a system and process in place to verify that a person being added to the appraiser panel of the Appraisal Management Company for appraisal services to be performed in Tennessee holds a license or certification in good standing issued by the Tennessee Real Estate Appraiser Commission, if a license or certification is required to perform appraisals, pursuant to T.C.A. § 62-39-415.
- 2) Has a system in place to review, on a periodic basis, the work of all appraisers who are performing real estate appraisal services in Tennessee for the Appraisal Management Company to validate that the real estate appraisal services are being conducted in accordance with USPAP, pursuant to T.C.A. § 62-39-416.
- 3) Maintains a detailed record of each service request that it receives for appraisal services within the state of Tennessee and the appraiser who performs the real estate appraisal services for the Appraisal Management Company, pursuant to § 62-39-417.
- 4) Maintains an irrevocable uniform consent to service of process, pursuant to § 62-39-407.
- 5) Certifies that each person that owns more than ten percent (10%) of the Appraisal Management Company has been reviewed to ensure that no such person has had an appraiser license, certification or registration refused, denied, cancelled, suspended, revoked or surrendered in lieu of further disciplinary action in any state.

I, _____, as controlling person, do hereby certify that records of any appraisal activity conducted by or for the Appraisal Management Company in the State of Tennessee will be kept at the following address: _____, and will be available to the Commission, or the Commission staff or designee during normal business hours.

I further certify that I have personally accepted the assigned responsibility of the controlling person as defined in T.C.A. § 62-39-402. If there is any change in my status as controlling person or if my contact information changes, I will notify the Real Estate Appraiser Commission within thirty (30) days of any change. I will notify the Commission within thirty (30) days of a change in the agent for service of process of record, or ownership composition pursuant to T.C.A. § 62-39-409.

SIGNATURE OF CONTROLLING PERSON

PRINTED NAME OF CONTROLLING PERSON

STATE OF _____

COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE _____ DAY OF _____.

NOTARY PUBLIC

SEAL

MY COMMISSION EXPIRES

**INTEREST DECLARATION FOR OWNERSHIP OF 10% OR MORE
OF THE AMC AND OWNER (S) AND CONTROLLING PERSON
CHARACTER INFORMATION**

You may make additional copies of these pages as may be necessary.

- Any individual or any corporation, partnership, or other business entity that owns ten percent (10%) or more of the Appraisal Management Company is listed below
- The officer, director, individual, appointed, or authorized by the Appraisal Management Company as Controlling Person. Please attach a clear copy of a driver's license or other photo identification for each individual listed on these pages

NAME: _____

CHARACTER INFORMATION

IF ANY OF THESE QUESTIONS ARE ANSWERED YES, PLEASE EXPLAIN IN A SUPPLEMENTAL WRITTEN STATEMENT.

- 1) Have you ever been denied an appraiser license or certificate or had an appraiser license or certificate or professional license of any type disciplined in Tennessee or elsewhere? This would include a consent order, agreed order, final order, suspension, revocation, or voluntary surrender of a license or certificate pursuant to a disciplinary proceeding.

Yes No
- 2) Are there currently formal administrative charges and/or disciplinary complaints pending against you in connection with any professional license or registration that you hold?

Yes No
- 3) Have you ever been convicted of, pled guilty, or pled no contest to any criminal offense, or is there any criminal (felony or misdemeanor) charge now pending against you?

Yes No
- 4) Has any final administrative order, judgment or decree of court been entered against you in which you were charged in the petition, complaint, declaration, answer, counterclaim or other pleading with any fraudulent or dishonest dealing?

Yes No

PERSONS WHO ANSWER "YES" TO ANY OF THE QUESTIONS WILL NOT BE AUTOMATICALLY DISQUALIFIED FOR REGISTRATION; HOWEVER, THE APPLICANT MAY BE REQUIRED TO APPEAR BEFORE THE COMMISSION TO EXPLAIN HIS/HER ANSWER(S) TO THE QUESTION(S), AND WILL BE REQUIRED TO SUBMIT A SUPPLEMENTAL STATEMENT WHICH PROVIDES ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING SUCH ANSWERS. IF YOU ANSWERED "YES" TO QUESTION NUMBER 3, YOU ARE REQUIRED TO PROVIDE CERTIFIED COPIES OF THE COURT DOCUMENTS IN ALL SUCH CASES. IF YOU ANSWERED "YES" TO QUESTIONS NUMBER 1, 2 OR 4, YOU ARE REQUIRED TO PROVIDE IN WRITING THE FOLLOWING, WHERE APPLICABLE:

- 1. *A COMPLETE LISTING OF ALL DISCIPLINARY SANCTIONS IMPOSED AGAINST ALL OF YOUR APPRAISER AND OTHER PROFESSIONAL LICENSES OR REGISTRATIONS ALONG WITH THE DATES SUCH DISCIPLINE WAS IMPOSED;*
- 2. *TRUE AND CORRECT COPIES OF ALL SUCH DISCIPLINARY SANCTIONS, AND FORMAL ADMINISTRATIVE CHARGES AND DISCIPLINARY COMPLAINTS WHICH ARE PENDING IN CONNECTION WITH ANY APPRAISER OR OTHER PROFESSIONAL LICENSE OR REGISTRATIONS THAT YOU HOLD; AND*

3. *TRUE AND CORRECT COPIES OF ALL FINAL ADMINISTRATIVE ORDERS, OR JUDGMENTS, OR DECREES OF COURT ENTERED AGAINST YOU WHERE YOU WERE CHARGED IN THE PETITION, COMPLAINT, DECLARATION, ANSWER, COUNTERCLAIM OR OTHER PLEADING WITH ANY FRAUDULENT OR DISHONEST DEALING.*

I have fully read and understand this application and the information given herein is true, correct and complete to the best of my knowledge. I agree to provide the Commission complete copies of any and all documents upon which any "yes" answer is based. If so requested by the Tennessee Real Estate Appraiser Commission, I will furnish all additional information or documentation as may be deemed necessary for the verification of the information given here, and in my supplemental statement. I acknowledge that this application may be disapproved for cause and that any registration, license or certification that I may obtain may be revoked for supplying false, incomplete or misleading information to the Commission. I agree to comply with the standards set forth in T.C.A, Title 62, Chapter 39, and I understand that violations of this chapter and the rules of the Tennessee Appraisal Management Company Registration shall be grounds for disciplinary proceedings against me.

NAME: _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

MAILING ADDRESS: _____

BUSINESS PHONE NUMBER: _____

BUSINESS E-MAIL ADDRESS: _____

Signature

Date

State of _____

County of _____

Sworn to and subscribed before me this the _____ day of _____, _____.

Notary Public

SEAL

My Commission Expires: _____

Date