

**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