



Government of the District of Columbia Department of Insurance, Securities and Banking

Karima Woods
Acting Commissioner

APPRAISAL MANAGEMENT COMPANY REGISTRATION APPLICATION

Instructions:

An applicant shall designate a single controlling person to complete this application on behalf of the appraisal management company.

Under the Appraisal Management Company Regulation Emergency Act of 2019, a “controlling person” is defined as:

- 1) An officer, director, or owner of greater than a 10 percent interest of a corporation, partnership, or other business entity seeking to act as an appraisal management company;
- 2) An individual employed, appointed or authorized by an appraisal management company that has the authority to enter a contractual relationship with other persons for the performance of services requiring registration as an appraisal management company and has the authority to enter agreements with appraisers for the performance of appraisals; or
- 3) An individual who possesses, directly or indirectly, the power to direct or cause the direction of the management of policies of an appraisal management company.

Along with the application form, the applicant shall submit the following to the
**Department of Insurance, Securities and Banking, Banking Bureau, P.O. Box 96378,
Washington, DC 20090-6378:**

- Check or money order in the amount of \$1,000 made payable to the DC Treasurer. (All fees are non-refundable.)
- If the applicant is an entity, include a resolution or other documentation giving the Controlling Person authority to complete this application on behalf of the applicant.
- A copy of Controlling Person’s valid Driver’s License, State Issued ID, Passport or Military ID

- A Certificate of Registration issued by the District of Columbia Department of Consumer and Regulatory Affairs
- A Surety Bond in the amount of \$25,000.
- A copy of the applicant's most recent unaudited statement of financial condition
- **Please note:** Each individual with a ten (10) percent or greater ownership interest in the applicant must complete and submit Attachment A.

ENTITY INFORMATION

Applicant Legal Name: _____ Phone: _____

Applicant DBA Name in the District of Columbia: _____

Jurisdiction of Formation: _____

If the applicant is a corporation or an LLC, a Certificate of Good Standing or Registration from the Department of Consumer and Regulatory Affairs (DCRA) is required to transact business in the District of Columbia. For additional information on filing with DCRA, contact that office at (202) 442-4400 or at <https://dcra.dc.gov>.

Physical Address:

Street: _____

City: _____ State: _____ Zip: _____

Mailing Address:

(If different than above)

Street: _____

City: _____ State: _____ Zip: _____

Company Federal ID No./Social Security No. (if Sole Proprietorship):

AUTHORIZED CONTROLLING PERSON

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Place of Birth: _____ SSN: _____

Have you legally changed your name? ☐ Yes ☐ No

Maiden/Formal Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Fax No.: _____

Email: (Required) _____

Appraiser Certification State and License No.: (If applicable) _____

FOREIGN REGISTRATION

Is the applicant currently or has it previously been registered in any other state as an appraisal management company? ☐ Yes ☐ No ☐ N/A

If yes, list the state(s), Attach an additional sheet if needed.

State: _____

State: _____

State: _____

OWNERS

Name(s) of any individual or business entity that owns ten percent (10%) or more of the appraisal management company. Each owner that owns ten percent (10%) or more is required to fill out Attachment A below. (Make additional copies of Attachment A as needed.)

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

REGISTERED AGENT FOR SERVICE OF PROCESS IN DISTRICT OF COLUMBIA

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip: _____

If the registered agent is an officer or employee of the AMC, please provide his or her title or position:

CERTIFICATIONS BY AUTHORIZED CONTROLLING PERSON

1. I certify that the applicant has a system and process in place to verify that a person being added to the appraiser panel of the appraisal management company holds a license in good standing in the District of Columbia pursuant to applicable law.
2. I certify that the applicant has a system in place to review the work of all independent appraisers that are performing real estate appraisal services for the appraisal management company on a periodic basis to validate that the real estate appraisal services are being conducted in accordance with the Uniform Standards of Professional Appraisal Practice.
3. I certify that the applicant maintains a detailed record of each service request that it receives and the independent appraiser that performs the residential real estate appraisal services for the appraisal management company.
4. I certify that the applicant has a system in place 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, 15 U.S.C. Section 1639e.
5. I certify that I have verified that each owner, with less than ten percent ownership of the applicant, has not had an appraiser certificate or license refused, denied, canceled, surrendered in lieu of revocation, or revoked in the District of Columbia or in any state unless the certificate or license was subsequently granted or reinstated.
6. I certify that the applicant shall maintain a perpetual bond in the amount of twenty-five thousand dollars (\$25,000) furnished by an insurer authorized to conduct business in the District, with the full legal name of applicant, including any trade names, listed as the principal insured.

ATTESTATION

I, _____ (*please print name*), am the person described and identified, of good moral character, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby understand that such act may constitute a violation of the District of Columbia Appraisal Management Company Regulation Emergency Act of 2019 and any

applicable regulations. I further give my consent to the Department of Insurance, Securities and Banking to conduct a background check on me.

Applicant/Authorized Controlling Person Signature

Date

CONSENT TO SERVICE OF PROCESS

The undersigned applicant shall file an irrevocable consent that suits and actions may be commenced against the undersigned applicant in the proper court in the District of Columbia in which a cause of action may arise or in which the plaintiff may reside by the service of process or pleading, authorized by the laws of the District.

The applicant further consents to appointing the individual identified in the corresponding section of this application as the registered agent for the purpose of service of process in the District of Columbia.

Applicant/Authorized Controlling Person Signature

Date

Applicant/Authorized Controlling Person Printed Name

Other information collected by the Department for the licensees it administers is limited to such information as is necessary to fulfill a legitimate public purpose. The District of Columbia Freedom of Information Act (D.C. Official Code § 2-531 et. seq.) ensures that the public has a right to access appropriate records and information possessed by a government agency. The Department collects and disseminates information in compliance with the District of Columbia Freedom of Information Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

ATTACHMENT A

Each owner (individual or entity) that has a ten percent (10%) or more ownership interest in the appraisal management company must fill out this attachment and submit to the Department of Insurance, Securities, and Banking as part of the AMC application.

Applicant's Legal Name: _____ Phone: _____

OWNER INFORMATION

If individual:

Ownership Percentage: _____

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Place of Birth: _____ SSN: _____

Have you legally changed your name? ☐ Yes ☐ No

Maiden/Former Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If different than above): _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Fax No.: _____

Email: (Required) _____

Appraiser Certification State and License No.: (If applicable) _____

If entity:

Ownership Percentage: _____

Entity Name: _____

Place of Formation: _____ Federal Tax ID/EIN: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If different than above): _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Fax No.: _____

Email: (Required) _____

Appraiser Certification State and License No.: (If applicable) _____

PERSONAL HISTORY QUESTIONS

If you answer yes to either question, provide a written explanation and any additional information as specified.

1. Have you ever had an appraiser certificate or license refused, denied, canceled, surrendered in lieu of revocation, or revoked in the District or any state? If yes, attach a copy of the licensing agency's order and any other documentation regarding the disposition.
☐ Yes ☐ No

2. Have you ever 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 a crime involving fraud, misrepresentation, or moral turpitude? If yes, provide a full written statement, and a copy of court disposition.
☐ Yes ☐ No

I have carefully read the questions and have answered them completely, without reservation of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information, I hereby understand that such act may constitute a violation of the District of Columbia Appraisal Management Company Regulation Emergency Act of 2019, and any applicable regulations. I further give my consent to the Department of Insurance, Securities and Banking to conduct a background check on me.

Signature and Title of Owner

Date