



Real Estate Appraiser Board
OWNERS & CONTROLLING PERSON(S) CHANGE APPLICATION
No Fee Required

1. Appraisal Management Company Virginia License No.

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2. Appraisal Management Company Name _____
3. Email Address _____
4. Contact Number _____
Primary Telephone

5. Is the firm applying to change the **Controlling Person(s)** for the appraisal management company?
 No
 Yes If yes, provide the following information for ***all*** Controlling Person(s) for the appraisal management company. This includes ***adding*** new, ***removing*** old, and listing ***current*** Controlling Person(s) for the firm:

Name	Address	FEIN, Social Security No. or VA DMV Control No.*	Birth Date	Contact Number	Indicate Status
					<input type="checkbox"/> Current <input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Current <input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Current <input type="checkbox"/> Add <input type="checkbox"/> Remove

➤ **The Controlling Person(s) and any person who owns 10 percent or more of the firm** are required to submit a set of fingerprints to the Virginia Central Criminal Records Exchange for the purpose of conducting a state and national fingerprint-based criminal history record. Contact the Board at reappraisers@dpor.virginia.gov or (804) 367-2039 to request an FBI fingerprint card.

6. Is the firm applying to change the **Owners** for the appraisal management company?
 No
 Yes If yes, provide the following information for any person or entity that ***owns 10 percent or more*** of the appraisal management company. This includes ***adding*** new, ***removing*** old, and listing ***current*** Owner(s) for the firm:

Name	Address	FEIN, Social Security No. or VA DMV Control No.*	Birth Date	Contact Number	Indicate Status	% of Ownership
					<input type="checkbox"/> Current <input type="checkbox"/> Add <input type="checkbox"/> Remove	

OFFICE USE ONLY	DATE	FEE	TRANS CODE 5020	ENTITY # 40	FILE #/LICENSE #	ISSUE DATE
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Name	Address	FEIN, Social Security No. or VA DMV Control No.*	Birth Date	Contact Number	Indicate Status	% of Ownership
					<input type="checkbox"/> Current <input type="checkbox"/> Add <input type="checkbox"/> Remove	
					<input type="checkbox"/> Current <input type="checkbox"/> Add <input type="checkbox"/> Remove	

➤ The Controlling Person(s) and any person who owns 10 percent or more of the firm are required to submit a set of fingerprints to the Virginia Central Criminal Records Exchange for the purpose of conducting a state and national fingerprint-based criminal history record. Contact the Board at reappraisers@dpor.virginia.gov or (804) 367-2039 to request an FBI fingerprint card.

7. Has any person or entity that owns 10 percent or more of the firm ever had an appraiser license refused, denied, canceled, or revoked in Virginia or any jurisdiction?

No

Yes

8. Does the Controlling Person(s) or any person who owns 10 percent or more of the firm hold a *current* or *expired* appraisal management company license, certification or registration issued by any (including Virginia) state or territory of the United States?

No

Yes If yes, complete the following table and attach an original Certification of Licensure/Letter of Good Standing (excluding Virginia) dated within the last 60 of days for every appraisal management company license held.

Name	State/Jurisdiction	License, Certification or Registration Number	Expiration Date

◆ Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.); and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

9. Has the Controlling Person(s) or any person who owns 10 percent or more of the firm ever been subject to a *disciplinary action* or any other corrective action taken by any (including Virginia) local, state or national regulatory body? This includes, but is not limited to, reprimand, revocation, suspension or denial of license, imposition of a monetary penalty, and required to complete remedial education.

No

Yes If yes, complete the [Disciplinary Action Reporting Form](#).

10. A. Has the Controlling Person(s) or any person who owns 10 percent or more of the firm ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any felony**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

B. Has the Controlling Person(s) or any person who owns 10 percent or more of the firm ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any misdemeanor within the last five years**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

11. By signing this application, I certify the following statements:

- I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application.
- I certify that I will notify the Department if the firm, the controlling person(s), the responsible person and any person who owns 10 percent or more of the firm is subject to any disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested approval.
- I certify that I have read, understood and complied with all the laws of Virginia under the provisions of Title 54.1, Chapter 20.2 of the *Code of Virginia*, and the *Appraisal Management Company Regulations*.
- I also certify and attest that any person that owns 10 percent or more of the appraisal management company and any controlling person of an appraisal management company seeking to be licensed pursuant to this chapter shall be of good moral character.

Signature of Responsible Person or Controlling Person:

Print Name _____ Title _____

Signature _____ Date _____

Important Reminder:

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