

Commonwealth of Massachusetts
Division of Occupational Licensure
BOARD OF REGISTRATION OF REAL ESTATE APPRAISERS
dpl-appraiser-board@mass.gov

**APPRAISAL MANAGEMENT COMPANY CHANGE/UPDATE
OWNERSHIP/OFFICER FORM**

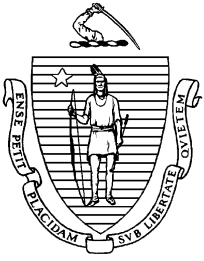
EMAIL TO THE BOARD: dpl-appraiser-board@mass.gov

MA Approval Number	
Company Name	
Company Address	
City, State, Zip	
Email Address	
Controlling Person	
Employee In Charge	
Multi or Single State AMC	
Current Number of 10% or More Owners	
Expiration Date	

LIST EVERY NEW PERSON WHO DIRECTLY OR INDIRECTLY OWNS MORE THAN 10% OF THE ENTITY APPLYING FOR REGISTRATION OR IS AN OFFICER, OR MANAGING PRINCIPAL (Copy as needed) Check the boxes as applicable.

Name		License Number (if applicable) and state of issuance	
Address			
City	State	Zip Code	
Email Address		Phone Number	
Title <input type="checkbox"/> Owner <input type="checkbox"/> Employee in Charge <input type="checkbox"/> Controlling Person <input type="checkbox"/> Officer <input type="checkbox"/> Managing Principal			

1. I certify that the company is not owned in whole or in part by any person, directly or indirectly, 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 was not revoked for substantive cause and was subsequently reinstated. Yes No
2. I certify that no person who owns more than 10 percent of the company and no person who has been designated as the company's controlling person or employee in charge has been convicted of, or entered a plea of nolo contendere to, a felony or, within the last five (5) years, convicted of a misdemeanor involving an activity related to the transfer of real property including, but not limited to, real estate appraisal, mortgage lending or any offense involving breach of trust, moral turpitude or fraudulent or dishonest dealing. Yes No



Commonwealth of Massachusetts
Division of Occupational Licensure
BOARD OF REGISTRATION OF REAL ESTATE APPRAISERS

dpl-appraiser-board@mass.gov

IRREVOCABLE UNIFORM CONSENT TO SERVICE OF PROCESS:

WHEREAS I have made application for an appraisal management company registration to practice in the Commonwealth of Massachusetts in accordance with the provisions of General Laws Chapter 112, §§ 276-289 and

WHEREAS, pursuant to General Laws Chapter 112, §§ 276-289 it is necessary for an appraisal management company applicant to file an irrevocable consent to service agreement with the Executive Director of the Board of Registration of Real Estate Appraisers within the Division of Professional Licensure;

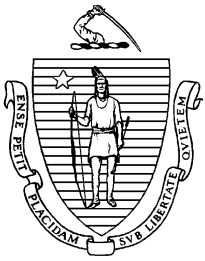
NOW, THEREFORE, I hereby execute and file with the Executive Director of the Board of Registration of Real Estate Appraisers this irrevocable consent that actions may be commenced against the appraisal management company in the proper court of any count in the Commonwealth of Massachusetts in which a cause of action may arise or in which the Plaintiff may reside, by the service of any process or pleadings authorized by the laws of the Commonwealth of Massachusetts on the Executive Director of the Board of Registration of Real Estate Appraisers. Furthermore, it is hereby stipulated and agreed that service of the process or pleading on the Executive Director of the Board shall be taken and held in all courts as valid and binding as if due service had been made upon me personally within the Commonwealth of Massachusetts.

IN WITNESS WHEREOF I have hereunto signed my name.

Signature of Controlling Person

Date

Name Printed



Commonwealth of Massachusetts
Division of Occupational Licensure
BOARD OF REGISTRATION OF REAL ESTATE APPRAISERS
dpl-appraiser-board@mass.gov

CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

Submit one completed two-page form for every person who owns more than 10% of the company OR who is an officer OR has been designated as the company's controlling person, employee in charge or managing principal of the entity

The Division of Occupational Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Occupational Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee who owns more than 10% of the company OR who is an officer OR has been designated as the company's controlling person, employee in charge or managing principal of the entity, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Occupational Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Occupational Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

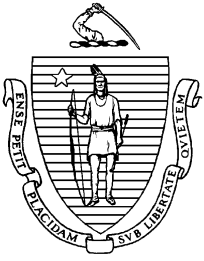
I also understand that the Division of Occupational Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

NOTE: DOL cannot accept this two-page CORI acknowledgment form unless it is signed in the presence of a notary public who has likewise verified identity.



Commonwealth of Massachusetts
Division of Professional Licensure
BOARD OF REGISTRATION OF REAL ESTATE APPRAISERS

dpl-appraiser-board@mass.gov

SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

*Last Name	*First Name	Middle Name	Suffix
------------	-------------	-------------	--------

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth	Place of Birth
----------------	----------------

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Street Number & Name	City/Town	State	Zip
----------------------	-----------	-------	-----

Street Number & Name	City/Town	State	Zip
----------------------	-----------	-------	-----

IDENTITY VERIFICATION SECTION:

VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:

- Passport State-issued driver's license Military identification
- State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On