

**Commonwealth of Massachusetts**  
**Division of Occupational Licensure**  
**BOARD OF REGISTRATION OF REAL ESTATE APPRAISERS**  
1000 Washington Street • Boston • Massachusetts • 02118

**APPRAISAL MANAGEMENT COMPANY**  
**CHANGE OF CONTROLLING PERSON FORM**

<b>MA Approval Number</b>	
<b>AMC Expiration Date</b>	
<b>Company Name</b>	
<b>Company Address</b>	
<b>Company Email</b>	
<b>Company Phone Number</b>	
<b>Employee in Charge</b>	
<b>Number of 10% or More Owners</b>	

<b><u>Current</u> Contact/Controlling Person Name</b>		
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone Number</b>	<b>Email Address</b>	
<b>Appraiser License Number</b>	<b>Issuing State</b>	

<b><u>New</u> Contact/Controlling Person Name</b>		
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone Number</b>	<b>Email Address</b>	
<b>Appraiser License Number</b>	<b>Issuing State</b>	

**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;

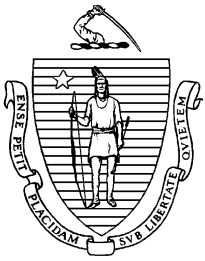
NOW, THEREFORE, I hereby execute and file with the Executive Director of the Board of Registration of Real Estate Appraisers this irrevocable consent that actions may be commenced against the appraisal management company in the proper court of any count in the Commonwealth of Massachusetts in which a 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



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**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 Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional 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 Professional 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 Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

I also understand that the Division of Professional 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: DPL cannot accept this two-page CORI acknowledgment form unless it is signed in the presence of a notary public who has likewise verified identity.

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

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\*Last Name                                      \*First Name                                      Middle Name                                      Suffix

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

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\*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:

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Street Number & Name                                      City/Town                                      State                                      Zip

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Street Number & Name                                      City/Town                                      State                                      Zip

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**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.

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Notary Public: \_\_\_\_\_ Notary Commission Expires On \_\_\_\_\_

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