

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 EMPLOYEE IN CHARGE FORM

MA Approval Number	
AMC Expiration Date	
Company Name	
Company Address	
Company Email	
Company Phone Number	
Controlling Person	
Number of 10% or More Owners	

<u>Current</u> Employee in Charge Name		
Address		
City	State	Zip Code
Phone Number	Email Address	
Appraiser License Number MANDATORY	Issuing State	

<u>New</u> Employee in Charge Name		
Address		
City	State	Zip Code
Phone Number	Email Address	
Appraiser License Number MANDATORY	Issuing State	

IRREVOCABLE UNIFORM CONSENT TO SERVICE OF PROCESS:

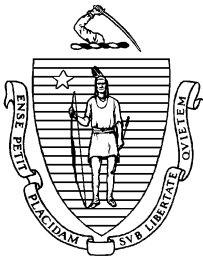
I, _____, hereby state under the pains and penalties of perjury that the information provided on this application for licensure or attached or incorporated herein is truthful and accurate.

By:

Type Name of Employee in Charge

Signature of Employee in Charge

Date



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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 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.

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 _____
