



# APPLICATION FOR REGISTRATION AS AN APPRAISAL MANAGEMENT COMPANY (AMC)

P.O. Box 12188, Austin, Texas 78711-2188

FEES	RECEIPT NUMBER	AMOUNT	MONEY TYPE	DATE RECEIVED
AMC APPLICATION		\$3,399		

DO NOT WRITE ABOVE THIS LINE

**ALL INFORMATION MUST BE TYPED OR PRINTED IN INK. MAKE CHECKS OR MONEY ORDERS PAYABLE TO TALCB. FEES ARE NON-REFUNDABLE.**

Note: If the AMC is a business entity, a current "Certificate of Good Standing" (aka Account Status), dated within 21 days prior to the date of the application, issued by the governing state agency where the business entity was incorporated or organized, recognizing the standing of the business entity in that state must be provided with this application.

**1. Full Legal Name of AMC:**

\_\_\_\_\_

NameTIN or EIN

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**2. Assumed Business Name or DBA (if any):**

\_\_\_\_\_

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**3. Place of Business Address: (must be a fixed street address, not a Post Office Box)**

\_\_\_\_\_

Number, Street and Suite No.

\_\_\_\_\_

CityStateZip CodePhone Number

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**4. Primary Contact Information: (must meet the definition of "controlling person" in Section 1104.003(b)(6) Texas Occupations Code)**  
 The Primary Contact must sign and submit a separate Owner/Primary Contact Background History Form.

\_\_\_\_\_

Name

\_\_\_\_\_

Number, Street and Suite No.

\_\_\_\_\_

CityStateZip CodePhone Number

\_\_\_\_\_

E-mail Address

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**5. The Primary Contact: (check one)**

is a certified appraiser \_\_\_\_\_

Certification No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

**OR**

has taken the 15-Hour National USPAP course (submit copy of course completion certificate)

**6. Owner Information: (for each individual or business entity owning more than 10% of AMC)**

Space is provided for two owners. Attach an additional copy of this page if there are more than two owners of more than 10% .

Individual

- *Submit a separate Owner/Primary Contact Background History form.*

Business Entity

- *Submit a separate Owner/Primary Contact Background History form.*
- *Attach a copy of the business formation documents showing the ownership structure of the business entity.*
- *If the Business Entity has multiple owners, calculate % ownership for each Business Entity Owner:*

*A is the Business Entity's % ownership of the AMC and B is the Business Entity Owner's % ownership of the Business Entity;  
If C is > 10%, then the Business Entity Owner must also submit a separate Owner/Primary Contact Background History form.*

Business Entity Owner #1 \_\_\_\_\_ A:  X B:  = C:

Business Entity Owner #2 \_\_\_\_\_ A:  X B:  = C:

Business Entity Owner #3 \_\_\_\_\_ A:  X B:  = C:

\_\_\_\_\_ % Ownership of AMC

\_\_\_\_\_  
Name

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Phone Number

Individual

- *Submit a separate Owner/Primary Contact Background History form.*

Business Entity

- *Submit a separate Owner/Primary Contact Background History form.*
- *Attach a copy of the business formation documents showing the ownership structure of the business entity.*
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*A is the Business Entity's % ownership of the AMC and B is the Business Entity Owner's % ownership of the Business Entity;  
If C is > 10%, then the Business Entity Owner must also submit a separate Owner/Primary Contact Background History form.*

Business Entity Owner #1 \_\_\_\_\_ A:  X B:  = C:

Business Entity Owner #2 \_\_\_\_\_ A:  X B:  = C:

Business Entity Owner #3 \_\_\_\_\_ A:  X B:  = C:

\_\_\_\_\_ % Ownership of AMC

\_\_\_\_\_  
Name

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Phone Number

**7. Appraiser Contact Information: (must be a licensed or certified appraiser)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Certification/License No.      State      Expiration Date

\_\_\_\_\_  
Business Street Address OR P.O. Box No.

\_\_\_\_\_  
City      State      Zip Code      Phone Number

\_\_\_\_\_  
Email Address

**8. Additional Controlling Person(s): (must meet the definition of "controlling person" in Section 1104.003(b)(6) Texas Occupations Code)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Business Street Address OR P.O. Box No.      City      State      Zip Code

\_\_\_\_\_  
Email Address      Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Business Street Address OR P.O. Box No.      City      State      Zip Code

\_\_\_\_\_  
Email Address      Phone Number

**9.** Has the AMC ever (1) had any professional or occupational license or certification suspended, canceled or revoked; (2) voluntarily surrendered any professional or occupational license; (3) received a reprimand or disciplinary action; or (4) had an application for such denied in Texas or any other state?  Yes  No  
**If YES, submit a complete written explanation and appropriate documentation such as final orders, etc.**

**10.** Are there any complaints, disciplinary hearings or investigations pending against any professional or occupational licenses held by the AMC?  Yes  No  
**If YES, submit a complete written explanation and appropriate documentation such as final orders, etc.**

**11.** (a) Has the AMC ever been convicted of a criminal offense? (Include **ALL** felonies and misdemeanors)  Yes  No  
(b) Has the AMC ever been placed on probation, community supervision or deferred adjudication?  Yes  No  
(c) Are there any criminal charges pending against the AMC?  Yes  No  
**If the answer to (a), (b), or (c) is YES, submit copies of all indictments, orders and charges, and a written explanation.**

**12.** In the past four (4) years, has the AMC had a civil judgment rendered against it, or are there any civil suits pending against it on one of the following grounds; (a) fraud; (b) intentional or knowing misrepresentation; or (c) grossly negligent misrepresentation in the making of real estate appraiser services?  Yes  No  
**If YES, submit copies of all petitions and judgments and a complete written explanation, including whether or not the judgment has been paid.**

IRREVOCABLE CONSENT TO SERVICE OF PROCESS

I do hereby irrevocably make, constitute, and appoint the Commissioner of the Texas Appraiser Licensing and Certification Board and its successors as my agent, for and in the State of Texas, upon whom service in a legal proceeding arising out of my activities as an appraisal management company may be made, if the plaintiff in the action cannot, in the exercise of due diligence, effect personal service on the AMC through the AMC's agent in Texas. Service of process upon the Commissioner shall be deemed valid personal service upon the AMC pursuant to applicable Texas law. I understand that the AMC has a legal duty to keep the Board informed of its current address. I understand that if and when the Commissioner is served with process, the notice will be forwarded to the primary contact at the current address provided on record with the Board. I also understand that if I fail to notify the Board of any changes, I may not receive notice of legal proceeding against the AMC.

If the AMC is not domiciled in Texas, the AMC must list a legally authorized agent to accept service of process in Texas below:

Agent for Service of Process

Business Street Address (must be a fixed street address, not a Post Office Box)

City

State

Zip Code

Phone Number

CERTIFICATION STATEMENT

On behalf of Applicant, I certify that I have personally prepared this application and all supporting information and documentation, and that all such information given is true, correct, and complete. If so requested by the Texas Appraiser Licensing and Certification Board (the "Board"), I will furnish all additional information or documentation as may be deemed necessary for the verification of the information provided. I authorize and consent to the Board's conducting such investigations of Applicant and the matters addressed herein as it deems necessary. I understand that information revealed in an investigation may be cause for disapproval of the application even though other requirements for registration have been met. I acknowledge that this registration may be disapproved for cause in accordance with the Texas Appraisal Management Company Registration and Regulation Act (Texas Occupations Code, Chapter 1104 (the "Act")) and that any registration may be revoked if I provide false or misleading information to the Board. I further understand that information submitted in conjunction with this registration may be subject to public disclosure or inspection in accordance with the Public Information Act (Chapter 552, Government Code). If granted the registration, Applicant will abide by the provisions of the Act and the Rules of the Board (22TAC Chapter 159), Applicant will not hold itself out as a registered AMC or perform any acts that only a registered AMC may perform until and unless so registered by the Board.

I certify that Applicant has reviewed each individual or business entity who owns an interest in the AMC and has verified that no individual or business entity who owns an interest in the AMC has had a license or certification to act as an appraiser denied, revoked, or surrendered and has not subsequently had the license or certification to act as an appraiser granted or reinstated.

I certify that Applicant has submitted a separate Owner/Primary Contact Background History form for each individual or business entity who owns more than 10% of the AMC. I certify that Applicant has a system in place to ensure compliance with Subchapter D and Section 129E of the Truth in Lending Act (15 U.S.C. Section 1601 et seq.). I agree that the Board may send all notices and communications concerning this registration to the e-mail address of the Primary Contact on file with the Board. I certify that Applicant will retain ownership records for a period of five years.

This application and this certification are made under penalty of perjury.

Signature of Person with Authority to Sign on Behalf of AMC

Date Signed

Typed or Printed Name

Title

**Be certain that your application:**

- \* Is complete - incomplete applications cannot be processed and will be returned
- \* Is signed and dated
- \* Includes original, signed Owner/Primary Contact Background History forms for all required individuals and entities
- \* Includes copies of required documents for any "YES" answers
- \* Includes current Certificate of Good Standing

**PRIVACY NOTICE**

**In accordance with Chapter 559, Government Code, the following notice about certain information laws and practices is given.**

- (1) With few exceptions, an individual is entitled on request to be informed about the information that a state governmental body collects about the individual.**
- (2) Under Sections 552.021 and 552.023 of the Governmental Code, the individual is entitled to receive and review the information.**
- (3) Under Section 559.004 of the Governmental Code, the individual is entitled to have the governmental body correct information about the individual that is incorrect.**