



NH REAL ESTATE APPRAISER BOARD
121 SOUTH FRUIT STREET, SUITE 201, CONCORD, NH 03301

**APPRAISAL MANAGEMENT COMPANY (AMC) APPLICATION
 FOR PRACTICE IN NEW HAMPSHIRE**

PART 1. COMPANY INFORMATION- Must agree with information submitted to Secretary of State	
Company Name:	AMC#
DBA (If Applicable):	
Company Names Previously Used:	
Business Address:	
Contact Person:	Telephone Number:
Contact Email Address:	
Name and Address of Agent:	

(If corporation is not domiciled in NH)

PART II. FEE SCHEDULE	CRITERIA	PAYMENT INFORMATION
<input type="checkbox"/> Application Fee \$900.00	Payable Immediately	Make check payable to "Treasurer, State of New Hampshire" OR pay by MasterCard or Visa by downloading the credit card sheet www.oplc.nh.gov/documents/credit-card-payment.pdf
<input type="checkbox"/> Renewal Fee \$800.00	Payable by December 31, 2016	

PART III. PLEASE LIST NAMES AND ADDRESSES OF ANY INDIVIDUAL OR ANY CORPORATION, PARTNERSHIP, OR OTHER BUSINESS ENTITY THAT OWNS 10 PERCENT OR MORE OF THE APPRAISAL MANAGEMENT COMPANY- If company is wholly owned by another company a criminal background check must be performed on the CEO or head of the AMC, please list names and titles under the owning corporation below. Attach Additional Sheets if Necessary	
Name	Address

PART IV. NAME AND ADDRESS OF ONE CONTROLLING PERSON DESIGNATED AS THE MAIN CONTACT		
Name	Address	E-Mail

PART V. STATEMENTS	ANSWER EACH QUESTION "YES" OR "NO"
<p>1. I certify that the entity requires appraiser completing appraisals at its request to comply with USPAP including the requirements for geographic and product competence.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

PART V. STATEMENTS CONTINUED	ANSWER EACH QUESTION "YES" OR "NO"
2. I certify that the company is not owned and does not employ any person to perform job functions related to the ordering, preparation, performance, or review of appraisals 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 reinstated.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. I certify that the company is not more than 10 percent owned by a person who has been convicted of, or entered a plea of nolo contendere to, a felony relating to the practice of appraisal, banking, mortgage lending or the provision of financial services, or any crime involving fraud, misrepresentation or moral turpitude.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. I certify that the entity will maintain a detailed record of each service request that it receives and the appraiser that performs the residential real estate appraisal services for the appraisal management company.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. I certify that the entity has a system and process in place to verify that an individual being added to the appraiser panel of the Appraisal Management Company holds a license in good standing.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. I certify that the entity has a system in place to verify that only licensed or certified appraisers are used for federally related transactions.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. I certify that the entity has a system or process to require that appraisals are conducted independently and free from inappropriate influence and coercion as required by the appraisal independence standards established under section 129E of the Truth in Lending Act, including the requirement that fee appraisers be compensated at a customary and reasonable rate when the appraisal management company is providing services for a consumer credit transaction secured by the principal dwelling of a consumer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Has the entity for which this application is submitted been convicted of a crime? If "yes" you must provide a detailed written explanation and attach the official court documents.	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Does the entity for which this application is submitted have any criminal charges pending against it in any jurisdiction (USA or elsewhere)? If "yes" you must provide a detailed written explanation and attach a copy of the charging documents.	<input type="checkbox"/> YES <input type="checkbox"/> NO

VII. CRIMINAL RECORD RELEASE - NOT NEEDED FOR RENEWALS UNLESS CONTROLLING PERSON HAS CHANGED	
<p>Each person that owns more than 10 percent of an appraisal management company shall be of good moral character, as determined by the board, and shall submit to a background investigation carried out by the board. If the AMC is wholly owned by another corporation the CEO or controlling person of the AMC must submit to the background check.</p> <p>I have submitted to the department of Safety, Division of State Police, a notarized criminal record release authorization along with any required fee, with the board identified as the recipient of the record or records.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO Date Submitted: Names Submitted: 1. 2. 3.

I attest that the information contained in this form is true and correct to the best of my knowledge and belief and acknowledge that the provision of false information in the application is a basis for disciplinary action by the board.

Signature

Date

IRREVOCABLE UNIFORM CONSENT TO SERVICE OF PROCESS

This is to be completed if the person seeking registration is not a corporation that is domiciled in New Hampshire; the name and contact information for the company's Agent for Service of Process is required.

The undersigned applicant for registration as an appraisal management company in New Hampshire

Print Name of Company

does hereby irrevocably consent, stipulate and agree that suits, actions and administrative proceedings may be commenced against such applicant in the courts and agencies of this State, by the service of any process authorized by the laws of this State on the Executive Director of the New Hampshire Joint Board and that service of such process upon said Director shall be taken and held in all courts to be as valid and binding as if the service had been made upon said applicant in the State of New Hampshire.

Name of Agent for Service of Process (Firm or Individual)			
Title			
Mailing Address	City	State	Zip code
Physical Address	City	State	Zip code
Business Telephone Number			

I, _____ (Name), am authorized to act as an agent for service of process in the State of New Hampshire on behalf of _____ (Name of AMC), an entity organized and existing under the laws of the State of _____ (Current resident state), for purposes of this application before the New Hampshire Joint Board to obtain an Appraisal Management Company Registration. The complete address within New Hampshire whereby I, on behalf of _____ (Name of AMC), may be served with process by the New Hampshire Joint Board on his/her designee as follows: _____.

Signature of Agent: _____ Date: _____



State of New Hampshire
 Department of Safety
DIVISION OF STATE POLICE
 Central Repository for Criminal Records
 33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
 LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
 STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

PURPOSE OF RECORD: Housing Employment Annulment/Expungement Other: _____

My signature below certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,
ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

New Hampshire Board of Real Estate Appraisers - NH OPLC

NAME OF PERSON/FIRM TO RECEIVE RECORD _____

ADDRESS **121 South Fruit Street, Suite 201, Concord NH 03301**
 STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

 SIGNATURE OF PERSON/FIRM TO RECEIVE RECORD DATE _____

NOTE: A \$25.00 fee is required for each request - make checks payable to: State of NH - Criminal Records

Credit Card Sheets are not accepted via e-mail

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

Transaction Type:		Amount Due:	
Card Type: (please select one)	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	(required)
Card Number			(required)
Expiration Date:	Month:	Year:	(required)
Billing Name and Address (your billing address must match the address associated with the credit card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			

CONFIDENTIAL