



**NH REAL ESTATE APPRAISER BOARD
7 EAGLE SQUARE, 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 and License Numbers Previously Used:	
Business Address:	
Contact Person:	Telephone Number:
Contact Email Address:	
Employer Identification Number (EIN):	<input type="checkbox"/> Single State Company; or <input type="checkbox"/> Multi-State Company
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, plus \$25.00 per appraiser that has performed an appraisal on a covered transaction within New Hampshire for the AMC	Payable Immediately	Make check payable to "Treasurer, State of New Hampshire" OR pay by Visa or MasterCard
<input type="checkbox"/> Renewal Fee \$800.00, plus \$25.00 per appraiser who performed an appraisal on a covered transaction within New Hampshire in the last year for the AMC	Payable by December 31	

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”
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.	<input type="checkbox"/> YES <input type="checkbox"/> 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 has ever been convicted of a crime? If “yes” you must provide a detailed written explanation and attach copies of relevant court documents.	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Does the entity for which this application is submitted has any criminal charges pending against in any jurisdiction (USA or elsewhere)? If “yes” you must provide a detailed written explanation and attach copies of the charging documents.	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. I certify that I give permission to the board to examine books and records and will provide such records to the board upon request.	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. I certify that I will only employ appraisers duly certified or licensed by the board to perform appraisals within the state, and I will verify such licensure prior to issuing an appraisal assignment.	<input type="checkbox"/> YES <input type="checkbox"/> NO

VII. CRIMINAL RECORD RELEASE - NOT NEEDED FOR RENEWALS UNLESS CONTROLLING PERSON HAS CHANGED

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.

YES NO

Date Submitted:

Names Submitted:

- 1.
- 2.
- 3.

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.

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

Find us on-line at www.oplc.nh.gov/nh-real-estate-appraisers-board

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: _____

AMC NATIONAL REGISTRY FEE CALCULATION

Is this a Federally Regulated AMC? Yes No

An AMC applying for an annual license renewal whom does not oversee a panel of **15 or more** New Hampshire licensed/certified appraisers, or **25 or more** licensed/certified appraisers nationally, within a given year is not required to register with the ASC National Registry.

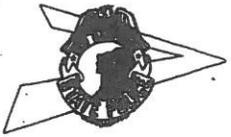
During the fee calculation period of October 1st of previous year – September 30th of current year, how many appraisers, on the AMC's panel, performed appraisals in connection with a covered transaction in New Hampshire?

$$\underline{\hspace{2cm}} \text{ (Appraisers)} \times \$25.00 = \underline{\hspace{2cm}} \text{ (Total fee due)}$$

I, _____ (Print Name of Designed Controlling Person) attest that the panelist information reported on this document 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



State of New Hampshire

Department of Safety
DIVISION OF STATE POLICE

Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

Last Name _____ First Name _____ Maiden _____ MI _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Hair Color _____ Eye Color _____ Male Female

Driver's License Number _____ State _____

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

Signature _____ Date _____

Signed under penalty of unsworn falsification pursuant to RSA 641:13

PURPOSE OF RECORD

Housing Employment Annulment/Expungement Other _____

SECTION II

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

Person or Entity to Receive Record ...

Address 7 Eagle Square _____ City Concord _____ State NH _____ Zip 03301 _____

Your Signature _____ Date _____

Notary's Signature _____ Date _____

Signature of person/entity to receive record _____ (Affix seal) _____ Date _____

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

To prevent a delay in processing, I have enclosed a self-addressed envelope.

Prepaid Acc't Number _____

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