

MISSISSIPPI REAL ESTATE APPRAISAL BOARD

Appraisal Management Company (AMC)

AMC Changing Ownership

October 3, 2023

APPRAISAL MANAGEMENT COMPANY

CHANGING OWNERSHIP

INSTRUCTIONS

1. The enclosed documents must be typed or printed in black ink.
2. The documents shall be completed in its entirety.
3. Each AMC shall designate a Designated Officer, who shall be a Controlling person and the main contact for all communications between the AMC and the Mississippi Real Estate Appraisal Board (Board).
4. Each AMC shall identify all Controlling Persons and Owners with any interest in ownership of the AMC; and provide contact information for Owners of ten percent (10%) or more of the AMC.
5. Complete Section C: Controlling Persons & All Individuals & Business Entity Owners
6. Complete Section D: Individuals & Business Entities Owning Ten Percent (10%) or More of an AMC
7. Complete Background Information Affidavit
8. Owners of more than ten percent (10%) of the applicant AMC shall initiate a statewide criminal background check by the Department of Public Safety (DPS). If more than one owner, each owner must complete a Background Affidavit, Consent form, Fingerprint card and provide a \$50.00 fee (each).
 - a. Authorization to release (Consent form) with witnessed signature.
 - b. Fingerprint Card for the Designated Officer and any owners with more than 10% ownership.
9. Please return all documents to the address provided at the top of page 3, Mississippi Real Estate Appraisal Board or MAB. Make all checks or money orders payable to MAB. If you have any questions, please call our office at 601-359-5440.

Mississippi Real Estate Appraisal Board

Woolfolk Building, Suite 701C
501 North West Street
Jackson, MS 39201
Or Mail To:
PO Box 4915
Jackson, MS 39296
Phone (601) 359-5440
www.mab.ms.gov

APPLICATION FOR REGISTRATION OF AN APPRAISAL MANAGEMENT COMPANY (AMC)

Please attach the following:

- a) Background Information Affidavit for Owners of more than ten percent (10%) of AMC
- b) Completed Fingerprint Card to reflect MAB and FBI # MS920481Z
- c) AMC Authorization Consent Form for background check

SECTION A: APPRAISAL MANAGEMENT COMPANY (AMC) INFORMATION

1. Name _____

TIN # _____

2. Business Street Address _____ Suite No. _____

City _____ County _____ State _____ Zip Code _____

3. Business Mailing Address (if different) _____

City _____ County _____ State _____ Zip Code _____

4. Business Phone _____ Business Fax _____

5. Website _____ Email _____

6. **List any fictitious name or names under which company does business in Mississippi or any other state? Attach continuation sheet if necessary.**

Name _____ State _____

Name _____ State _____

- 7, **Location of other branch offices at which the company will conduct business in this state. Attach continuation sheets if necessary.**

Business Street Address _____ Suite No. _____

City _____ County _____ State _____ Zip Code _____

Business Street Address _____ Suite No. _____

City _____ County _____ State _____ Zip Code _____

8. **Indicate below if you are registered as an AMC in any other state. Attach continuation sheet if necessary.**

State	Registration No.	From (M/Y)	To (M/Y)
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9. **Authorized Agent for Service of Process**

If the company is not a corporation that is domiciled in Mississippi, provide the name and contact information for the company's authorized Agent to accept service of process in Mississippi.

Name of Agent _____ Phone No. _____

Street Address _____

City _____ County _____ State _____ Zip Code _____

Phone No. _____ Business Fax _____

Website _____ Email _____

10. **Legal Structure of an AMC**

Domiciled in Mississippi? Yes No

<input type="checkbox"/> Domestic Corporation	<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Domestic LLC	<input type="checkbox"/> Foreign LLC	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Other	

If a foreign corporation, LLC or limited partnership, attach Certificate of Authority certified by the Secretary of State. If a domestic corporation, LLC or limited partnership, attach Certificate of Good Standing certified by the Secretary of State, dated within the last thirty (30) days. If a general partnership, attach a copy of the written partnership agreement. If other, attach copy of organizational documents.

SECTION B:

DESIGNATED OFFICER

Last Name		First	Middle
		()	()
Title	Business Phone No.		Fax No.
Business Mailing Address (Street/P.O. Box)			Suite No.
City	County	State	Zip Code
Physical Address (If different)			
City	County	State	Zip Code
E-Mail			

SECTION C:

**CONTROLLING PERSONS &
ALL INDIVIDUAL & BUSINESS ENTITY OWNERS**

List the names of the following: (1) all Controlling Persons of the AMC, including the Designated Officer; and (2) all individuals and entities that have any ownership, in whole or in part, directly or indirectly, in the AMC. If a company (business entity) owns all or part of an AMC, list the entity's name followed by all individual owners in the company. Attach continuation sheets if necessary.

Full Name	Title/Position	% of Ownership
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

SECTION D:

INDIVIDUALS & BUSINESS ENTITIES
OWNING TEN PERCENT (10%) OR MORE OF AN AMC

Provide the name, address and contact information for any individual or business entity listed in Section C that owns ten percent (10%) or more of an AMC. Attach continuation sheets if needed.

1. ___ Individual
 ___ Business Entity

Name _____

Business Street Address _____ Suite No. _____

City _____ County _____ State _____ Zip Code _____

Mailing Address (If different): _____

Phone No. _____ Email _____ Fax _____

2. ___ Individual
 ___ Business Entity

Name _____

Business Street Address _____ Suite No. _____

City _____ County _____ State _____ Zip Code _____

Mailing Address (If different): _____

Phone No. _____ Email _____ Fax _____

3. ___ Individual
 ___ Business Entity

Name _____

Business Street Address _____ Suite No. _____

City _____ County _____ State _____ Zip Code _____

Mailing Address (If different): _____

Phone No. _____ Email _____ Fax _____

BACKGROUND INFORMATION AFFIDAVIT

To be completed by owner of more than ten percent (10%) of an AMC

Last Name First Middle Suffix

Social Security Number _____ EIN _____

Physical Address _____

City _____ County _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

1. If you currently hold or have previously held a business or professional license/registration in Mississippi or elsewhere, please list them below. (Attach continuation sheets if needed.)

License Number	Name Used		
License/Registration/Type	State	Date (From)	Date (To)

2. Have you ever had an application for registration, certification, or licensure in Mississippi or in any other state denied, or had any professional or occupational license, certificate, registration or permit to practice revoked, annulled, suspended, surrendered or otherwise disciplined in Mississippi or in any other jurisdiction? Yes No

If “yes”, attach a copy of any final order denying the license or imposing disciplinary action, along with a written explanation of the circumstances. The word “Order” includes a final order, consent order, agreed order, suspension revocation, or voluntary surrender of a license pursuant to a disciplinary proceeding.

3. Are there currently any administrative charges, complaints, investigations or proceedings to deny your application or against any professional or occupational license or registration you hold?
 Yes No

If “yes”, attach copies of all formal complaints and charges which are pending in connection with any appraiser or other professional license or registration, with a written explanation.

4. Has any civil judgment or decree of a court been entered against you in this state or any other state, or are there any civil suits pending against which relates to the practice of your profession?

Yes No

If “yes”, attach certified copies of the Judgments or Decrees entered against you where you were charged in the Petition, Complaint or any other charge or pleading with any fraudulent or dishonest dealing.

5. Have you ever been convicted of, pled guilty, or entered a plea of nolo contendere to any criminal offense, or is there any criminal charge (felony or misdemeanor) now pending against you? (Does not include traffic citations.) Yes No

If “yes”, attach certified copies of all charges, indictments, judgments and orders.

I, _____, an owner of more than ten percent (10%) of the applicant AMC, being duly sworn, state and affirm that I have fully read this application and the information given herein is true, correct and complete to the best of my knowledge and belief. I agree to provide the Board with complete copies of any and all documents upon which any “yes” answer is based. I also agree to furnish all additional information or documentation requested by the Board as it may be deemed necessary for the verification of the information given here, and in my supplemental written explanation.

I acknowledge that this application may be denied and that any certificate of registration obtained may be revoked for supplying false, incomplete or misleading information.

I agree to comply with the standards set forth in the Mississippi Appraisal Management Company Registration Act (Act) and the administrative rules promulgated thereunder by the Mississippi Real Estate Appraisal Board (Rules), including the Uniform Standards of Professional Appraisal Practice (USPAP), in all conduct under any certificate of registration issued pursuant to this application; and I understand violations of this Act and Rules shall be grounds for disciplinary proceedings.

Signature of Owner

State of _____
County of _____

Sworn to and subscribed before me this, the _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

(SEAL)



Mississippi Real Estate Appraisal Board

ADMINISTRATOR
E. C. Neelly, IV

WOOLFOLK BUILDING, SUITE 701C
501 NORTH WEST ST., JACKSON, MS 39201

P.O. BOX 4915
JACKSON, MS 39296

(601) 359-5440 – Office

AUTHORIZATION TO RELEASE INFORMATION

NAME: _____ AMC Registration #: _____

CURRENT ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

RACE / SEX: _____ / _____

TELEPHONE NUMBER: _____

As evidenced by my witnessed signature below, I hereby authorize and consent to the release of a fingerprint based background check to:

**Mississippi Real Estate Appraisal Board
P. O. Box 4915
Jackson, Mississippi 39296**

And, I request the inspection of **any and all criminal records information** in the possession of or accessible by the Mississippi Justice Information Center, including, but not limited to, any past history of a criminal offense(s) for which I may have been charged or convicted.

By giving the above-described release, I hereby waive any and all claims or liability for compliance which I may not have or may have in the future against the State of Mississippi, the Mississippi Real Estate Appraisal Board, the Mississippi Department of Public Safety and the Mississippi Justice Information Center, and any of these entities' employees and agents, against any and all future actions with reference to the release of the above-described information and the circumstances surrounding same.

If the fingerprint card, this consent form and the applicable \$50.00 fee (enclosed) is not submitted to the Board by with the enclosed documents, your AMC Registration may temporarily be placed on "inactive status" with the Board. In addition to ceasing all appraisal management company activity, you will be required to complete the registration reactivation process which will require several days until a new registration is issued.

Signature

Date

Witness to Signature

Date