

MISSISSIPPI REAL ESTATE
APPRAISAL BOARD

Appraisal Management Company (AMC)

Background Affidavit

Completed by all Designated Officers and
Each Owners of 10% or More

AMC CERTIFICATE NUMBER: _____

AMC NAME: _____

Mississippi Real Estate Appraisal Board

Woolfolk Building
501 North West Street, 7th Floor
Jackson, MS 39202

P.O. BOX 4915
JACKSON, MS 39296

(601) 359-5441
info@mab.ms.gov

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)

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)