

STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
LICENSING DIVISION
85 – 7th PLACE EAST, SUITE 500
ST. PAUL, MINNESOTA 55101-2198
(651) 296-6319



Minnesota Appraisal Management Company License Application Required Forms

Instructions: In order for a Minnesota Appraisal Management Company License Application to be processed, the following forms must be submitted to the Minnesota Department of Commerce, Licensing Division. These documents can be either mailed or e-mailed into our office once the application had been submitted on www.pulseportal.com. Our e-mail address is: licensing.commerce@state.mn.us. Please make it attention: AMC Processor. Thank you.

Name of AMC: _____ EIN #: _____

Required Forms:

- Disclosure of Owners, Officers, and Partners
- Biographical Statement for Owners, Officers, and Partners
- BCA Form for Owners, Officers, and Partners
- Uniform Consent to Service of Process
- Affidavit of Official Signing Application
- Affidavit of Designated Controlling Person

*Non-Domiciled Companies can include the following with this submission:

- Certificate of Authority to Transact Business from the MN Secretary of State
- Letter of Good Standing from state of domicile

*Domiciled Companies can include the following with this submission:

- Articles of Incorporation/ Organization
- Proof of Workers Compensation coverage

DISCLOSURE OF COMPANY OWNERS, PARTNERS, OFFICERS

NAME OF COMPANY: _____

An applicant for a Company license must provide the following information:

- **Individual Proprietor:** Provide the name and address of the Owner.
- **Partnership:** Provide the name and address of all General Partners and Limited Partners.
- **Corporation, LLC, Trust, Other:** Provide the name and address of all elected Officers, Directors, Governors, Members, Shareholders owning 10% or more of company stock, and any Employees with authority to exercise control in policy or management of the company.

If any owner or partner is also business entity, you must complete this form to disclose the owners/partners/officers/shareholders of that business entity as well.

Name							
Address	City State Zip						
Title (check one) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> 100% Owner</td> <td style="width: 50%; border: none;"><input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Elected Officer (title: _____)</td> <td style="border: none;"><input type="checkbox"/> Director <input type="checkbox"/> LLC Governor/Member</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Shareholder (Percentage of Ownership: _____%)</td> <td style="border: none;"><input type="checkbox"/> Manager/Employee with controlling authority</td> </tr> </table>		<input type="checkbox"/> 100% Owner	<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	<input type="checkbox"/> Elected Officer (title: _____)	<input type="checkbox"/> Director <input type="checkbox"/> LLC Governor/Member	<input type="checkbox"/> Shareholder (Percentage of Ownership: _____%)	<input type="checkbox"/> Manager/Employee with controlling authority
<input type="checkbox"/> 100% Owner	<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner						
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_____ Signature of Owner/Partner/Officer	_____ Title	_____ Date
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BIOGRAPHICAL STATEMENT
THIS FORM MUST BE USED IN ITS ENTIRETY

INSTRUCTIONS

Complete all items, submit and sign all copies. If more space is needed, attach an additional sheet and identify the item by number.

Name and location of proposed appraisal management company

1. Full Name and Social Security Number

SSN:

2. Other names you have used or are now using (if none, so state)

3. General Information

Date of Birth

Place of Birth

4.

Business Address

City

State

Phone

Email

Residence Address

City

State

Phone

Email

Address

Phone

5. What is your highest level of education? Check one.

Less than High School

High School Graduate

Some higher education but no degree

B.S. or B.A. degree

Masters degree or higher

6. Present occupation or business activities (describe in detail, giving name, address and type of business)

7. Past occupations and business activities (describe in detail or attach a resume)

8. a. Have you ever been discharged from employment for reasons other than lack of work?
 YES NO If answer is YES, explain fully.

b. Have you ever been required by a former employer to tender your resignation?
 YES NO If answer is YES, explain fully.

9. a. Are you currently subject to any cease and desist order or injunctive order that would preclude involvement with an appraisal management company?
 YES NO

b. Have you ever voluntarily surrendered in lieu of disciplinary action an appraiser certification, registration, or license, or an appraisal management company license?
 YES NO

c. Have you ever been the subject of a final order revoking or denying an appraiser certification, registration, or license, or an appraisal management company license?
 YES NO

d. Have you ever been the subject of a final order barring involvement in any industry or profession issued by this or another state or federal regulatory agency?
 YES NO

10. Give names and address of three (3) business references from within the real estate appraisal industry who can attest to your character, reputation, experience, financial responsibility, and general fitness.

<u>Name</u>	<u>Address</u>
a. _____	_____
b. _____	_____
c. _____	_____

I hereby acknowledge and agree that any misrepresentation or omission of a material fact with respect to the foregoing representations or with respect to any other documents or papers which contain my signature and have been submitted in connection with the application of

(Name of appraisal management company)

for authority to operate as an appraisal management company shall, unless expressly waived by the Commissioner of Commerce, constitute fraud in the inducement and grounds for denial of approval in this or any other matter; grounds to require my resignation as a director or officer of said appraisal management company, and may subject me to other legal sanctions.

Signature

Date

Proposed: _____
(Applicant – Director, Officer, Stockholder, Manager, etc.)

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____.

Notary Public Signature

State of _____

County of _____

My Commission Expires _____

NOTARY SEAL



STATE OF MINNESOTA
DEPARTMENT OF COMMERCE

Licensing Division
85 – 7th Place East, Suite 500
St. Paul, Minnesota 55101
(651) 296-6319

APPRAISAL MANAGEMENT COMPANY
LICENSE APPLICATION

MINNESOTA BUREAU OF CRIMINAL
APPREHENSION (BCA) FORM

The data that you furnish on this form will be used by the Department of Commerce to assess your qualifications for a license. **Individuals listed in item 3 on the license application form must complete this BCA form.** Disclosure of your social security number is voluntary; however, if not provided, the Department of Commerce may be unable to grant a license. The Department of Commerce requires this information and may conduct criminal history checks and/or verify tax identification information and for revenue recapture as authorized by Minnesota Statutes, Chapter 270A. **After issuance of a license, all information contained in this application, except your social security number, is public pursuant to Minnesota Statutes, Chapter 13.**

TO: Bureau of Criminal Apprehension and Minnesota Department of Revenue
RE: Request for Criminal Background Check
Request for Disclosure/Verification of Tax Identification Number

PLEASE PRINT

Name of applicant (or qualifying person)

Title or position in the company

Social Security Number of applicant (or person in control)

Applicant's (or person in control's) date of birth

Type of license for which you are applying

The following section should only be completed if you are applying for a company (rather than individual) license:

Name of the company: _____

Company's State Tax identification Number: _____

The following section to be completed by all applicants:

I, _____
(Full First Name) (Full Middle Name) (Full Last Name)

have made application to the Minnesota Department of Commerce for a regulated professional license. I am either the applicant or the limited/general partner, a manager, a shareholder of the applicant owning 10% or more of the stock, or an employee with the authority to exercise management/policy control over the company. I hereby request/authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes, and the Minnesota Department of Revenue to disclose/verify the company's tax I.D. number.

Signature of Applicant

Date

NOTE TO BUREAU OF CRIMINAL APPREHENSION / MN DEPARTMENT OF REVENUE:

Please enclose completed background investigation or tax identification information in a sealed envelope along with this letter.

My commission expires _____

<p>STATE OF MINNESOTA</p>  <p>Department of Commerce</p>	<p>Commissioner of Commerce State of Minnesota Department of Commerce Licensing Division 85 – 7th Place East, Suite 500 St. Paul, Minnesota 55101-2198 (651) 296-6319</p>	<p>APPRAISAL MANAGEMENT COMPANY LICENSE APPLICATION</p>
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UNIFORM CONSENT TO SERVICE OF PROCESS
Page 1 of 2

KNOW ALL BY THESE PRESENTS:

That the Appraisal Management Company license applicant, _____,
(Circle one of the following):

(a corporation organized under the laws of the state of _____)

(a limited liability company) (a general or limited partnership) (an association) (other _____),

for the purpose of complying with the laws of the State of Minnesota relating to appraisal management services, hereby irrevocably appoints the Commissioner of Commerce, and the successors in such office, its attorney in the State of Minnesota upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of or in connection with the business of appraisal management services or out of violation of the aforesaid laws of said state; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within said state by service of process upon said officer with the same effect as if the undersigned was organized or created under the laws of said state and had lawfully been served with process in said state.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

(Name and address)

Dated: _____, _____.

By _____

Title: _____

(Seal)

By _____

Title: _____

COMPLETE THE APPROPRIATE ACKNOWLEDGEMENT SECTION ON THE NEXT PAGE

UNIFORM CONSENT TO SERVICE OF PROCESS

Page 2 of 2

CORPORATE ACKNOWLEDGMENT

STATE OF _____)

COUNTY OF _____) SS.

On this _____ day of _____, _____, before me _____, the undersigned officer, personally appeared _____ and _____, known personally to me to be the _____ President and _____ Secretary, respectively, of the above named corporation, and that they, as such officers, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by themselves as such officers.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

NOTARY SEAL

Notary Public Signature

State of _____

County of _____

My commission expires _____

NONCORPORATE ACKNOWLEDGMENT

STATE OF _____)

COUNTY OF _____) SS.

On this _____ day of _____, _____, before me _____, the undersigned officer, personally appeared _____, to me personally known and known to be the same person(s) whose name(s) is(are) signed to the foregoing instrument, and acknowledged the execution thereof for the uses and purposes therein set forth.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

NOTARY SEAL

Notary Public Signature

State of _____

County of _____

My commission expires _____

AFFIDAVIT OF DESIGNATED CONTROLLING PERSON

I hereby certify that I am not currently subject to any cease and desist order or injunctive order that would preclude involvement with an appraisal management company, and I have never been the subject of an order suspending, revoking, or denying a certification, registration, or license for real estate services, or a final order barring involvement in any industry or profession issued by this or another state or federal regulatory agency.

Signature of Official

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____.

Notary Public Signature

NOTARY SEAL

State of _____

County of _____

My commission expires _____

AFFIDAVIT OF OFFICIAL SIGNING APPLICATION

I hereby certify that all the information contained in this application and any accompanying documents are true and correct to the best of my knowledge. I certify that this document has not been altered or changed in any manner from the form adopted by the Department of Commerce.

I further certify that _____ :
(Name of Corporation, Partnership, LLP, LLC, or other business entity)

- has a system and process in place to verify that a person being added to the employment or appraiser panel of the appraisal management company for appraisal services within Minnesota holds an active appraisal license in Minnesota pursuant to chapter 82B;
- has a system in place to review the work of all employed and independent appraisers that are performing real estate appraisal services for the appraisal management company on a periodic basis to verify that the real estate appraisal assignments are being conducted in accordance with USPAP and chapter 82B;
- maintains a detailed record of each service request that it receives and the independent appraiser that performs the real estate appraisal services for the appraisal management company, pursuant to section 82C.13;
- will appropriately train employees and ensure that they are familiar with the appraisal process; and
- has a system and process in place to verify that a person being added to the appraiser panel of the appraisal management company holds a license in good standing in Minnesota pursuant to chapter 82B.

STATE OF _____)
COUNTY OF _____) ss.

I, _____, of the
Name and Title of Official
_____, organized in the State
(Name of Corporation, Partnership, LLP, LLC, or other business entity)

of _____, do hereby declare that I am duly authorized to file the foregoing application and that the statements and representations set forth therein are true to the best of my knowledge and belief.

Signature of Official

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____.

Notary Public Signature

NOTARY SEAL

State of _____
County of _____