

**APPRAISER CERTIFICATION
AND LICENSURE BOARD**

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APPRAISAL MANAGEMENT COMPANY CHANGE OF SUBJECT INDIVIDUAL FORM

Please submit the following when **adding or changing** a Subject Individual:

- A RESUME OF THE PAST FIVE YEARS OF WORK EXPERIENCE
- A FINGERPRINT CARD FOR EACH NEW SUBJECT INDIVIDUAL
- APPLICABLE FEES (\$100 nonrefundable processing fee plus \$44.50 criminal background check fee for each Subject Individual)

There is no cost to remove a Subject Individual.

Name of Appraisal Management Company: _____

Name of Subject Individual(s) as it appears on registration: _____

Remove Subject Individual:

Name:	Position or title:
Check One: Controlling Person ____ 10% or more Owner ____	Percentage of Ownership: _____%

Add Subject Individual:

Name:			Position or title:		
Check One: Controlling Person ____ 10% or more Owner ____			Percentage of Ownership: _____%		
Home street address:			Home mailing address, if different:		
City:	State:	ZIP:	City:	State:	ZIP:
Home phone:		Office phone:	E-mail:		
Office street address:			Office mailing address, if different:		
City:	State:	ZIP:	City:	State:	ZIP:
Office phone: - -		Fax: - -			
Social Security number: - -		Date of birth (mm/dd/yyyy): - -			
Driver's License No./State of Issue:					

FOR BOARD USE ONLY

Criminal background check conducted: ____ LEADS Date: _____ Fingerprint Date submitted to OSP: _____

Consumer report obtained: ____ Yes ____ No (Reason) _____

Name(s) of authorized designee(s) completing fitness determination:

Final fitness determination outcome: ____ Approved ____ Denied Date: _____

BACKGROUND CHECK AUTHORIZATION

Each subject individual, as defined in OAR 161-500-0000(6), must complete and sign the following:

Name:			Position or title:		
Home street address:			Home mailing address, if different:		
City:	State:	ZIP:	City:	State:	ZIP:
Home phone:		Office phone:	E-mail:		
Office street address:			Office mailing address, if different:		
City:	State:	ZIP:	City:	State:	ZIP:
Office phone: - -		Fax: - -			
Social Security number: - -		Date of birth (mm/dd/yyyy): - -			
Driver's License No./State of Issue:			Percentage of ownership:		
<p>Have you EVER entered a plea of nolo contendere, plead or been found guilty of or convicted of a <i>felony</i>? If yes, and the information has not been previously submitted in a prior application to the Board, on a separate sheet of paper fully explain the facts of the offense and identify the location of jurisdiction of the proceedings. Include a copy of <u>all</u> final court documents identifying charges and assessing penalties. Yes ___ No ___</p>					
<p>Have you IN THE LAST TEN YEARS entered a plea of nolo contendere, plead or been found guilty of or convicted of a <i>misdemeanor</i>? If yes, and the information has not been previously submitted in a prior application to the Board, on a separate sheet of paper fully explain the facts of the offense and identify the location of jurisdiction of the proceedings. Include a copy of <u>all</u> final court documents identifying charges and assessing penalties. Yes ___ No ___</p>					
<p>Have you EVER been reprimanded or fined or had a license, certificate or registration suspended, revoked, restricted, denied, or surrendered in this or any other state by any agency that has granted you a license, certificate or registration to engage in a regulated occupation, trade or profession? If yes, on a separate sheet of paper please explain and provide a copy of any documentation that describes the charges against you and the action taken by the agency. Yes ___ No ___</p>					
<p>Have you had any entry of any money judgments that are not paid in full? No Yes, explain:</p>					
<p>Have you filed for voluntary or involuntary bankruptcy protection during the past 10 years? No Yes, explain:</p>					

I understand that the Board conducts criminal background checks on all subject individuals and that my signature on this application is my consent for the Board to conduct such a criminal offender record check in connection with this application.

Signature of Subject Individual

Date