

REAL ESTATE APPRAISER LICENSING AND  
CERTIFICATION BOARD

# Appraisal Management Company (AMC)

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Application Packet

**APPLICATION FOR REGISTRATION OF AN APPRAISAL MANAGEMENT COMPANY**

**INSTRUCTIONS**

1. Application must be typed or printed in black ink.
2. The application shall be completed in its entirety and all information required by the application and attachments shall be completely reported.
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 Appraiser Licensing and Certification 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. The Designated Officer shall complete the Irrevocable Uniform Consent to Service of Process at Section E, if the applicant is not domiciled in Mississippi.
6. Application must be accompanied by the following:
  - a. Application fee of One Thousand Five Hundred Dollars (\$1,500.00).
  - b. Background Information Affidavit for owners of more than ten percent (10%) of the applicant AMC.
  - c. A surety bond in the amount of Twenty Thousand Dollars (\$20,000.00) on the prescribed form.
7. 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).

PLEASE NOTE: Once an application is approved, you will be sent fingerprint card(s) and consent form(s) which will need to be completed. You must return these documents along with a \$50.00 check or money order for each card(s) submitted.



# Mississippi Real Estate Appraiser Licensing and Certification Board

ADMINISTRATOR  
ROBERT E. PRAYTOR

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## APPLICATION FOR REGISTRATION OF AN APPRAISAL MANAGEMENT COMPANY (AMC)

### **Please attach the following:**

- (a) One Thousand Five Hundred Dollar (\$1,500.00) Registration Fee
- (b) Background Information Affidavit for Owners of more than ten percent (10%) of AMC
- (c) A Surety Bond in the amount of Twenty Thousand Dollars (\$20,000.00)

### **SECTION A: APPRAISAL MANAGEMENT COMPANY (AMC) INFORMATION**

1. Name \_\_\_\_\_
2. EIN # \_\_\_\_\_
3. Business Street Address \_\_\_\_\_ Suite No. \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Business Mailing Address (if different) \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
5. Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_
6. Website \_\_\_\_\_ Email \_\_\_\_\_
7. **List any fictitious name or names under which the AMC does business in Mississippi or in any other state? Attach a continuation sheet, if necessary.**

_____	_____
Name	State
_____	_____
Name	State

8. **Location of other branch offices at which the company will conduct business in this state. Attach continuation sheet if needed.**

Business Street Address \_\_\_\_\_ Suite No. \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Street Address \_\_\_\_\_ Suite No. \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

9. **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)

10. **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 \_\_\_\_\_

11. **Legal Structure of an AMC**

Domiciled in Mississippi? \_\_\_ Yes \_\_\_ No

\_\_\_ Domestic Corporation \_\_\_ Foreign Corporation \_\_\_ Partnership  
\_\_\_ Domestic LLC \_\_\_ Foreign LLC \_\_\_ Limited Partnership  
\_\_\_ Sole Proprietor \_\_\_ 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: (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.

	<b>Full Name</b>	<b>Title/Position</b>	<b>% of Ownership</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
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 \_\_\_\_\_

**SECTION E: IRREVOCABLE UNIFORM CONSENT TO SERVICE OF PROCESS**

*This section is only applicable to companies applying for a registration as an AMC not domiciled in Mississippi shall complete an irrevocable consent to service of process.*

Name of Appraisal Management Company: \_\_\_\_\_

For purposes of complying with the Mississippi Appraisal Management Company Registration Act, the applicant Appraisal Management Company (AMC) named above does hereby:

1. Irrevocably consents, stipulates and agrees that suits and legal actions may be brought against it in any court of competent jurisdiction and proper venue within Mississippi, and that administrative legal actions may be brought against it before the Mississippi Real Estate Appraiser Licensing and Certification Board (Board), and agrees that any lawful service of process or pleadings in any cause of action against it arising out of its activities as an AMC in Mississippi made upon the AMC’s authorized agent for service of process shall have the same legal force and validity as if the service had been made on the AMC directly.
  
2. Also irrevocably consents, stipulates and agrees that any of the above lawful service of process or pleadings in any court or before the Board against it arising out of its activities as an AMC in Mississippi, shall be made by service upon the Administrator of the Board as its service agent. If the plaintiff in the action cannot, in the exercise of due diligence, effect personal service on said AMC through its authorized agent in paragraph number 1 above, service of process upon the Administrator of the Board shall be deemed valid personal service upon the AMC pursuant to applicable Mississippi law. Further, the Administrator of the Board shall immediately mail a copy of any such process to the Designated Officer at the address on file with the Board.

I, \_\_\_\_\_, as the Designated Officer of the applicant Appraisal Management Company am authorized to sign and execute the Irrevocable Uniform Consent to Service of Process.

\_\_\_\_\_  
**Signature of Designated Officer**

State of \_\_\_\_\_  
County of \_\_\_\_\_

Sworn to and subscribed before me this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

My Commission Expires: \_\_\_\_\_

(SEAL)

## **AFFIDAVIT OF DESIGNATED OFFICER**

I, \_\_\_\_\_, the undersigned Designated Officer for the applicant Appraisal Management Company (AMC) being first duly sworn, state and affirm that I have fully read this application and that the answers supplied therein, including all supporting documents attached, are true and correct to the best of my knowledge. I hereby certify:

1. That said applicant AMC 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 issued in this state under the Mississippi Real Estate Appraiser Licensing and Certification Act, if a license or certification is required to perform appraisals.
2. That said applicant AMC has a system in place 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 requirements for payment of a reasonable and customary fee to appraisers when the AMC is providing services for a consumer credit transaction secured by the principal dwelling of a consumer.
3. That said applicant AMC has systems in place to verify that:
  - (a) An individual on the appraiser panel has not had a license or certification as an appraiser refused, denied cancelled, revoked, or surrendered in lieu of a pending revocation in the previous twelve (12) months; and
  - (b) Only licensed or certified appraisers are used for federally related transactions.
4. That said applicant AMC requires appraisers completing appraisals at its request to comply with the Uniform Standards of Professional Appraisal Practice (USPAP), including the requirements for geographic and product competence.
5. That said applicant AMC maintains a detailed record of each service request that it receives and the appraiser that performs the residential real estate appraisal services for the AMC.
6. That said applicant AMC has a system in place requiring payment to an independent contract appraiser for the completion of an appraisal service within thirty (30) days after the appraiser provides the completed appraisal report to the AMC, except in cases involving a bona fide breach of contract, substandard performance of services, or alternate payment terms agreed upon by the appraiser and the appraisal management company.
7. That each owner, whether such ownership is owned in whole or in part, directly or indirectly, of the AMC has been reviewed to ensure that no such owner has had an appraiser license or certificate in Mississippi or any other state, refused, denied, cancelled, surrendered in lieu of revocation, or revoked.



8. That said applicant AMC will comply with the Mississippi Appraisal Management Company Registration Act and the administrative rules promulgated by the Board, including the Uniform Standards of Professional Appraisal Practice (USPAP), in all its conduct under any certificate of registration issued pursuant to this application; and further that I understand the types of misconduct for which disciplinary proceedings may be initiated.

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

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**Signature of Designated Officer**

State of \_\_\_\_\_  
County of \_\_\_\_\_

Sworn to and subscribed before me this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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**Notary Public**

My Commission Expires: \_\_\_\_\_

(SEAL)

**MISSISSIPPI REAL ESTATE APPRAISER LICENSING & CERTIFICATION BOARD  
APPRAISAL MANAGEMENT COMPANY  
SURETY BOND**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Bond Number  
\_\_\_\_\_  
Effective Date

**KNOW ALL MEN BY THESE PRESENTS THAT**, the Principal and Surety, who, after being duly sworn, deposed and said:

**THAT** we, \_\_\_\_\_ as Principal, and \_\_\_\_\_, as Surety, a Corporation duly licensed to transact business as surety in the State of Mississippi, are held and firmly bound unto the State of Mississippi in the sum of Twenty Thousand Dollars (\$20,000.00), for the payment of which well and truly to be made and done, we bind ourselves, our heirs, successors, assigns, and legal representatives, jointly and severally, firmly by these presents.

**THAT** the condition of the above obligation is such that WHEREAS the Principal has applied for registration as an Appraisal Management Company (AMC) in the State of Mississippi, and gives this bond pursuant to Miss. Code Ann. §73-34-103(1)(a) payable to the Administrator, Mississippi Real Estate Appraiser Licensing and Certification Board (Board), State of Mississippi, “for the use, benefit and indemnity of any person who suffers any damage or loss as a result of the AMC’s breach of contract or of any obligation arising therefrom or any violation of the law”. Any claims reducing the face amount of this bond must be restored at the time of the annual renewal.

**THAT**, the further condition of this obligation is such that if the Principal shall well and faithfully perform all of the obligations of an AMC under the provisions of Miss. Code Ann. §73-34-101, *et seq.* and rules and regulations adopted thereunder, and shall comply with all laws and rules relating to said AMCs as defined in Miss. Code Ann. § 73-34-3(m), then this obligation shall be null and void; otherwise to remain in full force and effect.

**THAT** this surety bond shall not be terminated unless the Surety gives at least sixty (60) days prior written notice to the Administrator, Mississippi Real Estate Appraiser and Licensing Board, State of Mississippi, P.O. Box 12685, Jackson, MS 39236-2685, and to the Principal. Any such cancellation will be effective prospectively only, and the surety and principal will remain liable for any actions committed or omitted during the period in which the bond was in effect.

**THAT** this bond shall be in effect for one year commencing on the effective date of issuance herein above.

**IN WITNESS THEREOF**, Principal and Surety have executed this bond on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**SURETY** \_\_\_\_\_

**PRINCIPAL** \_\_\_\_\_

BY: \_\_\_\_\_  
Signature of Surety's Authorized Representative

BY: \_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Typed Name & Title of Surety's Representative

\_\_\_\_\_  
Typed Name & Title of Principal

\_\_\_\_\_  
Physical Address of Surety

\_\_\_\_\_  
Physical Address of Principal

*NOTE: If a power of attorney is used, a copy of the power of attorney or the authorized agent of the surety company must accompany the bond.*

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

My Commission Expires: \_\_\_\_\_

(SEAL)

**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 Appraiser Licensing and Certification 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)