



## CERTIFICATIONS BY CONTROLLING PERSON FORM

I, \_\_\_\_\_ certify to the Department that I have been designated and duly authorized as the controlling person for the applicant/registrant (AMC), and that I have full knowledge of the applicant/registrant's (AMC) responsibilities upon becoming registered and have been officially delegated and do accept the authority to ensure the applicant/registrant's (AMC) compliance with the applicable state statutes and rules and:

- a) I certify that the applicant/registrant (AMC) has a system in place to verify that all Arizona appraisers on its panel have a current and valid license or certificate in good standing issued by the Department of Financial Institutions.
- b) That the applicant/registrant (AMC) has a system in place to review the work of all independent appraisers performing appraisal services for the Appraisal Management Company on a periodic basis to confirm that the Real Property Appraisal Services are being conducted in accordance with Uniform Standards of Professional Appraisal Practice.
- c) That the applicant/registrant (AMC) shall keep a record of each request for appraisal services applicable to Arizona properties as well as the name of the appraiser performing the appraisal service and the fee paid to the appraiser.
- d) That the applicant/registrant (AMC) has a system in place to train those who select individual appraisers for real property services in this state, to ensure that the selectors have appropriate training in placing appraisal assignments.
- e) That the applicant/registrant (AMC) has no unpaid invoices or accounts payable to licensed or certified appraisers for services received that are over 45 days past due at the time of initial registration.
- f) That the applicant/registrant (AMC) has a valid surety bond in the amount of \$20,000 that meets the requirements of A.R.S. § 32-3667.



Please print name of Controlling Person \_\_\_\_\_,

If you answer "YES" to any question below, provide a signed, detailed statement describing the facts and circumstances, including the date and location of the incident or event. Please **SUBMIT THE FOLLOWING**: A. For **CRIMINAL** matters, a **CERTIFIED** copy of (1) Complaint and Indictment; (2) Information; (3) Plea agreement; (4) Presentence Report; (5) Judgment; (6) Sentencing documents; (7) Probation Papers; (8) Restoration of civil rights/expungement/dismissal documents. B. For **CIVIL** matters, a **CERTIFIED** copy of (1) Complaint; (2) Amended Complaint; (3) Judgment; (4) Satisfaction of Judgment; (5) Settlement Agreement. C. For **DISCIPLINARY ACTIONS**, a **CERTIFIED** copy of (1) Notice of hearing and/ or complaint; (2) Answer; (3) Findings of Fact and Conclusions of Law; (4) Final Order/ Administrative Ruling; (5) Consent or Settlement Agreement; (6) Certified Registered/ License/ Certificate History from each state, except Arizona, in which applicant/registrant is licensed/certified at the time of application. D. Provide any other documentation that the applicant/registrant believes supports the applicant/registrant's qualifications for registration/licensure/certification. E. Any additional documentation that the Department may require. **Note: If you attempt to obtain the required documents and are told that records have been destroyed or are otherwise unavailable, obtain a written statement to that effect from the agency and court. Do not detach or unstaple certified documents. Documents must remain in original order received.**

Please note that if you are completing a renewal application that the following questions are updates from your previous registration or renewal, whichever was later.

YES      NO

- \_\_\_\_\_    \_\_\_\_\_    1. Has the **AMC** ever had any financial, appraisal, real estate or mortgage lending industry license or certificate issued by this state, or any other state, refused, denied, canceled, revoked or voluntarily surrendered? If so, provide a copy of the letter or order stating the reasons for the denial.
- \_\_\_\_\_    \_\_\_\_\_    2. Has the **AMC** ever been charged with, convicted of or pled nolo contendere (no contest) to a criminal offense in this or any other jurisdiction (i.e. locality) that resulted in a conviction or adverse judgment against it?
- \_\_\_\_\_    \_\_\_\_\_    3. Has the **AMC** ever been or is currently a defendant or respondent in any type of civil or criminal action involving appraisal(s), appraisal services, fraud, misrepresentation, or deceit in this or any other jurisdiction (i.e. locality) that resulted in a conviction or adverse judgment against it?
- \_\_\_\_\_    \_\_\_\_\_    4. Has the **AMC** after July 29, 2010, attempted to do business or held itself out as being entitled to do business as an AMC in this state, without being the holder of a valid, current Arizona certificate authorizing it to do so?
- \_\_\_\_\_    \_\_\_\_\_    5. Has the **AMC** ever been or is it currently the subject of any complaint, investigation or disciplinary action against a license, certificate, registration, or membership by any state regulatory agency, or any professional or occupational credentialing authority in this or any other jurisdiction (i.e. locality) that resulted in an adverse judgment against it?

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FINANCIAL INSTITUTIONS

YES      NO

- \_\_\_\_\_      \_\_\_\_\_      6.    Has the AMC ever voluntarily withdrawn, surrendered, allowed to lapse, canceled or resigned a license, certificate, registration or membership in lieu of disciplinary proceedings or sanctions of any kind by any state regulatory agency, or any professional or occupational credentialing authority in this or any other jurisdiction (i.e. locality)?
- \_\_\_\_\_      \_\_\_\_\_      7.    Has the AMC ever used, been known as or called by another name or alias other than the name disclosed on this application?

By signing below I attest that the above certifications are true and correct and I further understand that submitting false or misleading information to the Department may be grounds for disciplinary action.

\_\_\_\_\_  
(Print Name of Controlling Person)

\_\_\_\_\_  
(Print Title of Controlling Person)

\_\_\_\_\_  
(Signature of Controlling Person)

\_\_\_\_\_  
(Date)