

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
 Phone Number: (608) 266-2112

LicensE Portal: License.wi.gov
 Email: dsps@wisconsin.gov
 Website: <http://dsps.wi.gov>

REAL ESTATE APPRAISERS BOARD

ADDENDUM TO ONLINE APPRAISAL MANAGEMENT COMPANY APPLICATION

INSTRUCTIONS: Each owner of the Appraisal Management Company must complete Form 4217 and upload it directly into the Department's License Third-Party Portal , https://license.wi.gov/ . The Designated Controlling Individual (DCI) must also complete and upload the form unless the DCI completes and submits the online application and signs therein. The online LicensE application number, beginning with the letters "PAR," is required for the upload.																								
Name of Appraisal Management Company			LicensE Application Number																					
			PAR- _____																					
Owner Name (first, middle, last)		Date of Birth		Social Security Number*																				
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*Social Security Number is required per Wis. Stat. § 458.33(1)(f) and cannot be disclosed except as authorized by law.																								
Address (number/street)		(city)	(state)	(zip code)	Daytime Phone Number																			
					_____-_____-_____																			
Mailing Address (if applicable)		(city)	(state)	(zip code)	Management Company Role																			
Email Address																								
1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.			<input type="checkbox"/> Yes <input type="checkbox"/> No																				
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.			<input type="checkbox"/> Yes <input type="checkbox"/> No																				
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.			<input type="checkbox"/> Yes <input type="checkbox"/> No																				
4.	Have any suits or claims ever been filed against you as a result of professional services? If yes, attach a copy of the claim or suit and a copy of the final settlement or disposition.			<input type="checkbox"/> Yes <input type="checkbox"/> No																				
5.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s):			<input type="checkbox"/> Yes <input type="checkbox"/> No																				
6.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under:			<input type="checkbox"/> Yes <input type="checkbox"/> No																				
7.	7a	Do you own more than 10% of the Appraisal Management Company?			<input type="checkbox"/> Yes <input type="checkbox"/> No																			
	7b	Are you the Designated Controlling Individual for the appraisal management company listed above?			<input type="checkbox"/> Yes <input type="checkbox"/> No																			
If NO to Question 7a or 7b, skip Question 8. If YES to Question 7a or 7b Question 8 is required.																								
8.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal or state law or do you have any felony, misdemeanor, or other violation of federal or state law charges pending against you in this state or any other? This includes convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Form 2252, Convictions and Pending Charges. (Note the \$8 per individual fee paid with this application will cover the Form 2252 fee.)			<input type="checkbox"/> Yes <input type="checkbox"/> No																				
CONTINUING DUTY OF DISCLOSURE																								
I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.																								
AFFIDAVIT OF APPLICANT																								
I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.																								
By signing below, I am signifying that I have read the above statements (Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.																								
Applicant Signature (If unable to provide a digital signature print and sign form.)				Date																				
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