

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Ship To:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## REAL ESTATE APPRAISERS BOARD

### INFORMATION FOR COMPLETING APPRAISAL MANAGEMENT COMPANY APPLICATION

An Appraisal Management Company (AMC) is required to obtain a license before performing appraisal management services for compensation, advertising as an appraisal management company, using the title "licensed appraisal management company," or other similar title; or holding itself out as an AMC. Requirements and procedures for applying for an AMC license are specified in Wis. Stat. § 458.33.

#### **AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING HAVE BEEN RECEIVED:**

##### **For Initial Licensure or Late Renewal After Five (5) or More Years:**

1. **Application for Appraisal Management Company (Form #3216)**
2. **Credential Fee** – Must accompany the completed application. Please make check or money order payable to the Department of Safety and Professional Services.
3. **Background Check** – Required for individuals who own more than 10% of the applicant and the designated controlling individual.

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## REAL ESTATE APPRAISERS BOARD

### APPLICATION FOR APPRAISAL MANAGEMENT COMPANY LICENSE

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK

Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Company Name – Applicant Name

Business FEIN number if applicable

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Company Mailing Address (street number, city, state, zip code)

Physical Address if different than above (street number, city, state, zip code)

Daytime Telephone Number

 -  - 

Email Address (Submit to receive application status electronically. Please use all capital letters.)

List below the name, address, telephone number, DOB, and SSN of each person that owns more than 10% of the applicant:

(Attach additional sheets if necessary.)

Name (first name, last name)	Date of Birth	Daytime Telephone Number
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Address (street number, city, state, zip code)	Social Security Number	
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Name (first name, last name)	Date of Birth	Daytime Telephone Number
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Address (street number, city, state, zip code)	Social Security Number	
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	

APPLICATION FEES: Please check applicable box. Make check payable to DPS and attach to this application.

- Initial Credential Fee  
\$4,000.00 Total Fee Attached
- CIB Review Fee (\$8 for each individual who owns more than 10% of the applicant and the Designated Controlling Individual)
- Late Renewal After Five (5) or More Years  
\$2,000.00 Renewal Fee  
\$ 25.00 Late Fee  
\$2,025.00 Total Fee Attached
- CIB Review Fee (\$8 for each individual who owns more than 10% of the applicant and the Designated Controlling Individual)
- AMC Registry Fee (see page 3)

For Receiving Use Only (900)

# Wisconsin Department of Safety and Professional Services

If the company is not a business domiciled in WI, list the name, address, and telephone number of the company's agent for service of process in WI pursuant to Wis. Stat. § 458.33(1)(b). **(Note the agent for service of process must be located in WI and have a WI address.)**

**Individual or Business Name**

**Daytime Telephone Number**

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**Individual or Business Address** (street number, city, state, zip code)

List the names and addresses of all persons who are appraisers and hold a financial interest or hold voting rights in the company. (Attach additional sheets if necessary.)

List the names and addresses of all persons who are not appraisers and have a financial interest or hold voting rights in the company. (Attach additional sheets if necessary.)

Pursuant to Wis. Stat. § 458.36 the Department must conduct a background investigation for the Designated Controlling Individual. Designate one individual who will be the primary point of contact (Designated Controlling Individual) for all communications between the Department and the AMC. The Designated Controlling Individual must hold a WI certified appraiser's license.

**Name of Designated Controlling Individual**

**WI License Number**

**Social Security Number**

**Date of Birth**

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**Email**

**Daytime Telephone**

[ ] [ ] [ ] [ ]	-	[ ] [ ] [ ] [ ]	-	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
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**ANSWER THE FOLLOWING QUESTIONS.** (Attach additional sheets if necessary.)

1.	Has the company or any of its owners (designated on page 1 of application) ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against any owners (designated on page 1 of application), including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against any owners (designated on page 1 of application) in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has the company or any of its owners (designated on page 1 of application) ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or are there any felonies, misdemeanors or other violation of federal, state, or local law charges pending against the company in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. <b>If yes, submit Convictions and Pending Charges (Form #2252) for each applicable individual. (Note the \$8 per individual fee paid with this application will cover the Form #2252 fee.)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have any suits or claims ever been filed against the company as a result of professional services? <b>If yes, attach a copy of the claim or suit and a copy of the final settlement or disposition.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is the company or any of its owners (designated on page 1 of application) registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Wisconsin Department of Safety and Professional Services

7.	Has the company or any of its owners (designated on page 1 of application) been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Is this a Federally regulated AMC?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**AMC TYPE:**  Single State (panel of more than 15 appraisers)  
 Multi State (panel of 25 or more appraisers in two or more states)

**AMC REGISTRY FEE**

Each licensed appraisal management company that performs or desires to perform appraisal management services in a federally related transaction shall pay to the Department the annual registry fee required by the Appraisal Subcommittee or its successor agency pursuant to Wis. Stat. § 458.365, 12 U.S.C. § 3338, and 12 C.F.R. § 1102.402.

In the case of an AMC that has been in existence for more than a year, **\$25** multiplied by the number of appraisers who have performed an appraisal for the AMC in connection with a covered transaction in such State (WI) during the previous year.

In the case of an AMC that has not been in existence for more than a year, **\$25** multiplied by the number of appraisers who have performed an appraisal for the AMC in connection with a covered transaction in such State (WI) since the AMC commenced doing business.

The company has been in existence for more than a year:  Yes  No

The company has been in existence for less than a year:  Yes  No

<b>AMC Registry Fee</b> (during calendar year for which you are reporting) <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<b>Number of Appraisers</b> (during calendar year for which you are reporting) <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<b>Total Amount Due</b> (during calendar year for which you are reporting) <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
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**Note: The AMC Registry Fee must be calculated and paid annually. The Total Amount Due is representative of one calendar year. Only those AMCs whose registry fees have been paid will be eligible to be on the AMC Registry.**

**CERTIFICATIONS: I hereby certify:**

1. That the applicant has in place a system to verify that each independent appraiser on the applicant's appraiser panel and any other appraiser that may perform an appraisal service for the applicant is a certified appraiser or licensed appraiser.
2. That the applicant requires all appraisers performing appraisal services for the applicant to perform appraisal services in accordance with the Uniform Standards of Profession Appraisal Practice described under Wis. Stat. § 458.24.
3. That the applicant has in place a system to verify that all appraisal services performed for the applicant are conducted independently and free from inappropriate influence or coercion under Wis. Stat. § 458.41, 15 U.S.C. § 1639(e), and rules promulgated under 15 U.S.C. § 1639(e).
4. That the applicant maintains a detailed record of each request for an appraisal service that it receives, including the identity of the appraiser that performs the appraisal service.
5. The applicant satisfies Wis. Stat. § 458.35(2).

**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 (Certification of Legal Status, 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.

**Signature of Designated Controlling Individual**

**Date**

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