

Wisconsin Department of Safety and Professional Services

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 Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

REAL ESTATE APPRAISERS BOARD

RENEWAL 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).

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| PLEASE TYPE OR PRINT IN INK | <input type="checkbox"/> Your name, address, telephone and electronic 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 <input style="width: 95%;" type="text"/> | Business FEIN number if applicable <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> |
| Company Mailing Address (street number, city, state, zip code) <input style="width: 95%;" type="text"/> | |
| Physical Address if different than above (street number, city, state, zip code) <input style="width: 95%;" type="text"/> | Daytime Telephone Number <input style="width: 95%;" type="text"/> |
| Email Address (Submit to receive application status electronically, please use all capital letters) <input style="width: 95%;" type="text"/> | |

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

Attach additional sheet(s) if necessary

| | | |
|---|--|---|
| Name (first name, last name) <input style="width: 95%;" type="text"/> | Date of Birth <input style="width: 95%;" type="text"/> | Daytime Telephone Number <input style="width: 95%;" type="text"/> |
| Address (street number, city, state, zip code) <input style="width: 95%;" type="text"/> | | Social Security # <input style="width: 95%;" type="text"/> |
| Name (first name, last name) <input style="width: 95%;" type="text"/> | Date of Birth <input style="width: 95%;" type="text"/> | Daytime Telephone Number <input style="width: 95%;" type="text"/> |
| Address (street number, city, state, zip code) <input style="width: 95%;" type="text"/> | | Social Security # <input style="width: 95%;" type="text"/> |

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

- Renewal Credential Fee**
\$2,000.00 Total Fee Attached
- CIB Review Fee** (\$8 for each individual who owns more than 10% of the applicant and the Designated Controlling Individual)
Applicable only if “yes” is response to question 4 on page 3.
- Reinstatement Credential Fee** (credential expired more than (5) 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)
Applicable only if “yes” is response to question 4 on page 3.

For Receiving Use Only (900)

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

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

Social Security #

Email

WI License Number

Date of Birth

Daytime Telephone

AMC TYPE: Single State (panel of more than 15 appraisers)

Multi-State (panel of 25 or more appraisers in two or more states)

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

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| 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? 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 any owners (designated on page 1 of application), 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 any owners (designated on page 1 of application) 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 |

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| 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 that have not been disclosed on a prior renewal or the initial licensure? 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. 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 CIB fee.) | <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? 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 |
| 6. | Is the company or any of its owners (designated on page 1 of application) registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | Has the company or any of its owners (designated on page 1 of application) been credentialed under any other name(s)? If yes, state name(s) credentialed under: <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | Is this a Federally regulated AMC? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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