



New Jersey Office of the Attorney General
 Division of Consumer Affairs
 State Real Estate Appraiser Board
 124 Halsey Street, 3rd Floor, P.O. Box 45032
 Newark, New Jersey 07101
 (973) 504-6480



Application for Registration as an Appraisal Management Company

Instructions

Each person that: provides appraisal management services, as defined at N.J.A.C. 13:40A-9.2, to creditors or to secondary mortgage market participants and affiliates; provides such services in connection with valuing a consumer’s principal dwelling as security for a consumer credit transaction or incorporating such transactions into securitizations; and within a 12-month calendar year, oversees an appraiser panel of more than 15 New Jersey certified or New Jersey licensed appraisers in New Jersey or 25 or more state-certified or state-licensed appraisers in two or more states, shall submit the following application to be registered as an appraisal management company, unless excluded by N.J.A.C. 13:40A-9.1(c) or N.J.A.C. 13:40-9.4(a)(1).

1. Please print clearly.
2. Each question must be filled out in its entirety. Questions not applicable should be so indicated by entering “N/A.”
3. If additional space is required for any of the questions, attach additional pages using the same format as the space provided.
4. Your application must be signed and notarized.
5. In accordance with N.J.A.C. 13:40A-9.4(b), the certification page must be completed by the compliance officer of the appraisal management company.
6. Submit:
 - a. Surety bond in the amount of \$25,000, consistent with the requirements of N.J.A.C. 13:40A-9.4(c).
 - b. A nonrefundable application fee of \$250.00 in the form of a check or money order made payable to the State of New Jersey.
 - c. Initial registration fee in the form of a check or money order made payable to the State of New Jersey:
 - If applying July 1st (on odd years) through August 31st (on even years) \$2,500.00
 - If applying September 1st (on even years) through August 31st (on odd years)..... \$1,250.00
7. Each controlling person of an appraisal management company for registration shall submit the Certification and Authorization Form for Criminal History Background Check and the controlling person’s fingerprints as processed by the vendor under contract with the state.
8. Forward your complete application and registration fees to:

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Application for Registration as an Appraisal Management Company

Application date: _____
Month Day Year

A. Appraisal Management Company

1. Name of business: _____
2. Names, if any, under which it does business in any state:

3. Operating as:

- | | |
|--|---|
| <input type="checkbox"/> Individual
<input type="checkbox"/> Limited Liability Company (L.L.C.)
<input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation
<input type="checkbox"/> Franchise
<input type="checkbox"/> Other (Explain) _____
_____ |
|--|---|

4. Federal Tax Identification number: _____

5. Is this a federally regulated AMC as defined in N.J.A.C. 13:40A-9.2 (meaning an AMC that is owned and controlled by an insured depository institution, as defined in 12 U.S.C. 1813 and regulated by the Office of the Comptroller of the Currency, the Board of Governors of the Federal Reserve System, or the Federal Deposit Insurance Corporation)? Yes No

6. AMC Panel Type

- Single State AMC: The AMC oversees a panel of 16 or more State certified or State licensed Appraisers in New Jersey.
- Multi State AMC: The AMC oversees a panel of 25 or more State certified or State licensed Appraisers in two or more States, including New Jersey.

7. Business contact information:

Street address	City	State	ZIP code	County
P.O. Box	City	State	ZIP code	County
Telephone number (include area code)		FAX number (include area code)		
E-mail address		Website		

8. If the appraisal management company is located outside of New Jersey, an agent for service of process in New Jersey must be provided.

Name of agent: _____

Street address	City	State	ZIP code
Telephone number (include area code)		E-mail address	

9. Has this company been issued an appraisal management company registration in New Jersey previously? Yes No

If "Yes," provide the registration number: _____

10. Is the appraisal management company registered in another state or jurisdiction? Yes No

If "Yes," list the state(s) or jurisdictions(s) and registration number:

State/Jurisdiction	Registration number
_____	_____
_____	_____

11. During the prior calendar year, how many appraisers on your panel, if any, performed appraisals in connection with a covered transaction in New Jersey? _____

B. Compliance Officer

Provide the following information for the compliance officer of the appraisal management company responsible for the certification of this application.

Name of compliance officer: _____

_____	_____	_____	_____
Street address	City	State	ZIP code
_____	_____	_____	_____
Telephone number (include area code)	E-mail address		
_____	_____		
Appraiser license/certification number (if applicable)	State that issued license/certification		

C. Controlling Person(s)

Each controlling person, as defined by N.J.A.C. 13:40A-9.2, must be reported to the Board. Please attach additional sheets if you have more than one (1) controlling person to report.

Name of controlling person _____

_____	_____	_____	_____	_____
Street address	City	State	ZIP code	County
_____	_____	_____	_____	_____
P.O. Box	City	State	ZIP code	County
_____	_____	_____	_____	_____
Telephone number (include area code)	E-mail address			

This controlling person is a(n): Check all that apply.

- Officer
- Director
- Owner of greater than 10% interest (Indicate % of ownership interest here _____)
- Individual employed, appointed or authorized to enter into contracts or agreements
- Individual who possesses power to direct managements or policies

D. Designated Contact Person

One controlling person must be designated as the main contact for communication between the appraisal management company and the Board. Please be advised that this controlling person shall not be the designated contact for more than one appraisal management company at any given time. Provide the name of the one controlling person who is the designated contact person for the appraisal management company.

Name of contact person: _____

E. Disciplinary Action History - Appraisal Management Company

1. Has the appraisal management company ever been disciplined for any reason in any state or jurisdiction? Yes No
2. Has the appraisal management company ever been notified it was under investigation in any state or jurisdiction? Yes No
3. Has the appraisal management company ever been refused or denied an appraisal management company registration in any state or jurisdiction? Yes No

4. Is the appraisal management company the subject of any unsatisfied judgments? Yes No
5. Is the appraisal management company the subject of any final or pending civil suits or criminal actions in any state or jurisdiction? Yes No

If the answer to any of the questions in section E is “Yes,” list the state or jurisdiction and the corresponding registration number of the appraisal management company.

State/Jurisdiction	Registration number

F. Disciplinary Action History – Compliance Officer, Controlling Person(s), and all Owner(s) (including those who own 10% or less interest in the appraisal management company).

1. Have any of the controlling person(s), owner(s), or compliance officer ever had an appraiser license, certification or temporary practice permit refused, denied, cancelled, surrendered in lieu of revocation, or revoked in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
2. Are there any investigations now pending against the professional license, certificate, permit, or registration, issued to any of the controlling person(s), owner(s), or compliance officer by a professional Board in New Jersey, any other state, the District of Columbia, or in any other jurisdiction? Yes No
3. Are there any actions now pending against any of the controlling person(s), owner(s), or compliance officer by any employer, association, society, or other professional group related to the practice of real estate appraisal in New Jersey, any other state, the District of Columbia, or in any other jurisdiction? Yes No

If the answer to any of the questions in section F is “Yes,” provide the name(s) of the person, license/certification number, and state that issued license/certification.

Name	License/Certification number	State that issued license/certification

G. Criminal History – Controlling Person(s)

1. Have any of the controlling persons ever been taken into custody, arrested, summoned, formally accused, charged, or indicted for any violation of law, ordinance, felony, crime, misdemeanor, or disorderly persons offense, whether municipal, state, federal, or in other countries? (Driving While Intoxicated/Impaired and Driving Under the Influence must be disclosed.) Yes No
2. Have any of the controlling persons ever been convicted of any violation of law, ordinance, felony, crime, misdemeanor, or disorderly persons offense, whether municipal, state, federal, or in other countries? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. (Driving While Intoxicated/Impaired and Driving Under the Influence must be disclosed.) Yes No

Certification of Compliance Officer

In accordance with N.J.A.C. 13:40A-9.4(b), the application for registration as an appraisal management company certification must be completed by the compliance officer of the appraisal management company.

State of: _____

} ss.

County of: _____

I, _____, in making this application to the State Real Estate Appraiser Board for appraisal management company registration under the provision of Title 45, Chapter 14F of the General Statutes of New Jersey and Title 13, Chapter 40A of the Rules of the State Real Estate Appraiser Board, certify that I am the compliance officer of the appraisal management company.

I certify that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies, or failure to make full disclosures may be deemed sufficient to deny registration or to withhold renewal of, or suspend, or revoke a registration issued by the Board.

I certify that the appraisal management company 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 or certification in good standing in the State of New Jersey.

I certify that the appraisal management company requires appraisers completing appraisals, including, but not limited to, appraisals and appraisal reviews, at its request to comply with the Uniform Standards of Professional Appraisal Practice (USPAP) promulgated by the Appraisal Standards Board of the Appraisal Foundation, including the requirements for geographic and product competence.

I certify that the appraisal management company has a system in place to verify that only licensed or certified appraisers are used for Federally related transactions.

I certify that the appraisal management company 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 the Federal Truth in Lending Act, Pub. L.90-321 (15 U.S.C. § 1639e), including the requirements for payment of customary and reasonable compensation to fee appraisers when the appraisal management company is providing services for a consumer credit transaction secured by the principal dwelling of a consumer.

I certify that the appraisal management company maintains a detailed record of each service request that it receives and the name of the appraiser that performs the real estate appraisal services for the appraisal management company.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Name of compliance officer (please print)

Signature of compliance officer

Date

Sworn and subscribed to before me this _____

day of _____, 20____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix seal here



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Official Use Only

Dual License

License Type 1 _____

Applicant's Number _____

License Type 2 _____

Applicant's Number _____

Official Use Only

Resubmit

Board or Committee

**CERTIFICATION AND AUTHORIZATION FORM
 FOR A CRIMINAL HISTORY BACKGROUND CHECK**

Directions: Answer all of the questions on this form.

1. Name Mr. _____ (_____)
 Mrs. Last First Middle Maiden Name
 Ms.

2. Address _____
 Street or P.O. Box City State ZIP code

3. Date of birth ____/____/____ Sex: Male Female
 Month Day Year

4. Social Security number ____/____/____

5. Have you completed the fingerprinting process for any Board or Committee of the New Jersey Division of Consumer Affairs since November 2003? Yes No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history background process. Please send no payment now.
 If "Yes," please provide the following information and follow the instructions outlined below:

_____ Board or committee requiring the fingerprinting _____ Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other any other Board or Committee of the New Jersey Division of Consumer Affairs (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is \$18.75.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) Yes No

Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, must be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation must be submitted with this form. Failure to follow these instructions may result in the denial of an initial application.

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

Your continuing responsibility to disclose convictions of crimes or offenses: You must notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification, licensure or registration certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification, licensure or registration or to withhold renewal of, or suspend or revoke a certificate, license or registration issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification, licensure or registration. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date