

State of Florida
Department of Business and Professional Regulation
Florida Real Estate Appraisal Board
Application for Registering an Appraisal Management Company
Form # DBPR FREAB-1

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION REQUIREMENTS

Fees:

- \$450 application fee (\$150 application fee plus \$300 license fee). Make check payable to the Florida Department of Business and Professional Regulation.

Each Authorized Representative must submit:

- Electronic fingerprints. See Section 1(b) of Instructions.
 Supporting legal documentation, if necessary. See Section 2(e-f) of Instructions.
 Proof of satisfaction of judgments, if applicable.
 Signed Affirmation by Written Declaration.

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399-0783

INSTRUCTIONS AND INFORMATION

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

1. General Requirements for Registration

a. Definition of “Authorized Representative” –

- i. Any person or entity who possesses the authority, directly or indirectly, to direct the management or policies of the appraisal management company, including but not limited to:
- (1) All officers and directors (if qualified business is a corporation or any other business entity with officers and directors)
 - (2) All members and managers (if qualified business is a LLC)
 - (3) All partners (if qualified business is a partnership)
 - (4) All members (if qualified business is a business entity other than those described above)

b. Individuals listed as Authorized Representatives:

- i. Must submit electronic fingerprints.
- (1) Pursuant to Chapter 475, Florida Statutes, electronic fingerprinting is mandatory for all applications for registering an Appraisal Management Company. Electronic fingerprinting allows applicants to have their fingerprints scanned and electronically submitted to the Florida Department of Law Enforcement and Federal Bureau of Investigation.
 - (2) Electronic Fingerprinting is located at various convenient sites throughout the state. See http://www.myfloridalicense.com/dbpr/servop/testing/documents/finger_faq.pdf for more information.

2. Application Instructions (by section)

a. Section I

- i. Fill out each section completely.
- ii. Provide the name of the business presently qualified as it is registered with the Florida Division of Corporations.
- iii. The “Doing Business As” (D/B/A) name must be provided as it is registered with the Florida Division of Corporations, if the business uses a fictitious name to conduct business.
- iv. Applicants must provide the Federal Employer Identification Number (FEID) for the business presently qualified.
- v. Select the box that indicates the type of business ownership for the business to be qualified.
- vi. Provide the mailing address for the Appraisal Management Company. Note that applicants must furnish at least one physical address – i.e., not a P.O. Box.
- vii. Provide the name of a person authorized to address questions regarding the application in the “Contact Name” section. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant’s mailing address and may take longer to resolve.

- viii. Provide the name, address, and phone number for the Registered Agent of the Appraisal Management Company.
- ix. Indicate whether the Appraisal Management Company is incorporated.
 - (1) If the Appraisal Management Company is incorporated in Florida, it is a "Domestic" corporation.
 - (2) If the Appraisal Management Company is incorporated in another state, it is a "Foreign" corporation.
- b. Section II**
 - i. List all authorized representatives of the Appraisal Management Company including: each officer and director if a corporation; each general partner if a partnership; each manager or managing member if a limited liability company; or the owner if a sole proprietorship. List each person who directly or indirectly owns or controls 10% or more interest.
 - ii. **If a company owns all or part of the Appraisal Management Company, list the name of the company followed by all authorized representatives of that company.**
 - iii. Include Social Security numbers and their percentage of ownership.

EACH Authorized Representative must complete the remaining sections of this application. Make additional copies as necessary and submit all portions of the application as one complete packet.

- c. Section III**
 - i. Each person listed as an Authorized Representative of the Appraisal Management Company in Section II must complete a copy of Sections III through VII.
 - ii. Fill out each section completely.
 - iii. Indicate the number of the Authorized Representative from the list in Section II in the space provided at the top of Section III.
 - iv. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
 - v. In the Full Legal Name section, applicants must use the name as it appears on his or her Social Security card. Do not use any nicknames or initials.
 - vi. Provide the corporate title of the Authorized Representative.
 - vii. Provide information on current or prior licenses held by the representative, not the AMC.
 - viii. Provide information on any prior names used by the representative, not the AMC.
- d. Section IV**
 - i. Each Authorized representative must submit answers to each of the background questions.
 - ii. For each "Yes" answer the person must provide an explanation in Section V or VI, as applicable.
 - iii. If you answered "YES" to any question, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. If you have more than three offenses to document in Section V or two offenses in Section VI, attach additional copies as necessary.
- e. Section V**
 - i. For this section, provide as much detail as possible.
 - ii. Each explanation can only relate to one question.
 - iii. Question 1:
 - (1) If you answer "yes" to this question, you must complete Section V [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
 - (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
 - iv. Question 2:
 - (1) If you answer "yes" to this question, you must complete Section V [*make additional copies as necessary*] of the application and provide a copy of the judgment or decree. You must also supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
 - v. Submit supporting legal documentation, if necessary, with this application.
- f. Section VI**
 - i. For this section, provide as much detail as possible.
 - ii. Each explanation can only relate to one question.
 - iii. Question 3:
 - (1) If you answer "yes" to this question, you must complete Section VI [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.

iv. Question 4:

- (1) If you answer “yes” to this question, you must complete Section VI [*make additional copies as necessary*] of the application and supply copies of the order(s) showing the disciplinary action taken against the license or documentation showing the status of the pending action.

v. Submit supporting legal documentation, if necessary, with this application.

g. Section VII

- i. Please read and sign the affirmation by written declaration.
- ii. Each Authorized Representative must sign the affirmation statement.

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For fees and additional information see the Instructions at the beginning of this application.

Section I – Appraisal Management Company to be Registered

APPRAISAL MANAGEMENT COMPANY TO BE REGISTERED		
Business Name:		
Doing Business As (D/B/A):		Federal Employer ID Number (FEID):
Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (please specify): _____		
CONTACT INFORMATION		
Contact Person Name:		Phone Number: () -
Email Address:		
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)		Country
BUSINESS LOCATION ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)		
Street Address		Phone Number:
City	State	Zip Code (+4 optional)
County (if Florida address)		Country
ADDITIONAL CONTACT INFORMATION (OPTIONAL)		
Alternate Phone Number	Alternate E-Mail Address	
REGISTERED AGENT		
Registered Agent Name		Phone Number
Street Address		
City	State	Zip Code (+4 optional)
INCORPORATION INFORMATION		
Is the Appraisal Management Company you propose to register incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what type of corporation? <input type="checkbox"/> Domestic <input type="checkbox"/> Foreign		
Date of Incorporation	State of Incorporation	
Charter Number		
If a foreign corporation, date company first registered with the Florida Department of State:		

Section II – Appraisal Management Company Authorized Representatives

AUTHORIZED REPRESENTATIVES INFORMATION			
<p>Please list ALL authorized representatives who, directly or indirectly, possesses the authority to direct the management or policies of the appraisal management company who directly or indirectly owns 10% or more ownership interest. Include each authorized representative's Social Security number and percentage of ownership in the Appraisal Management Company. Attach additional copies, with continued numbering of authorized representatives, if necessary.</p> <p>If a company owns all or part of an AMC, list the company name followed by all authorized representatives of that company.</p> <p>Authorized Representatives of the Appraisal Management Company are any of the following:</p> <ul style="list-style-type: none"> • All officers and directors (if the Appraisal Management Company is a corporation or any other business entity with officers or directors) • All members and managers (if the Appraisal Management Company is a LLC) • All partners (if the Appraisal Management Company is a partnership) • All owners or members (if the Appraisal Management Company is a business entity other than those described above) 			
Authorized Representative #	Full Name (Person or Entity)	Social Security # or FEID for Company	% of ownership
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business & Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business & Professional Regulation to identify licensees for tax administration purposes.

EACH Authorized Representative must complete the remaining sections of this application

Make additional copies as necessary and submit all portions of the application as one complete packet.

Section III – Authorized Representative Personal Information

PERSONAL INFORMATION				
Social Security Number*				
FULL LEGAL NAME				
Last Name	First	Middle	Title	Suffix
Birth Date (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Corporate Title		
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
CURRENT/PRIOR LICENSE INFORMATION				
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list them below (attach additional copies if necessary):				
1. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
2. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
3. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business & Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business & Professional Regulation to identify licensees for tax administration purposes.

Section III – Authorized Representative Personal Information - continued

PRIOR NAME INFORMATION				
Have you used, been known as, or been called by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If your answer is yes, state name or names used below:				
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
ADDITIONAL BUSINESS INFORMATION				
Have you conducted business as an Appraisal Management Company within the last five years?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If so, please list the business name of the Appraisal Management Company(s) below:				

Section IV– Background Questions

BACKGROUND QUESTIONS	
If YES to questions 1 or 2, please complete section V.	
If YES to questions 3 or 4, please complete section VI.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	1. Have you ever been convicted or found guilty of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, your profession, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0581, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
<input type="checkbox"/> YES <input type="checkbox"/> NO	2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
<input type="checkbox"/> YES <input type="checkbox"/> NO	3. Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
<input type="checkbox"/> YES <input type="checkbox"/> NO	4. Have you ever had any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to questions 1 – 4 above, please refer to Sections 2(d-f) of Instructions for detailed instructions on providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section V for your response to questions 1 and 2, and complete Section VI for your response to questions 3 and 4. If you have more than three offenses to document in Section V or two offenses in Section VI, attach additional copies as necessary.

Section V – Explanations for “Yes” answers to Questions 1-2 – Attach additional copies as necessary

EXPLANATION		
This explanation relates to question # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2		
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

EXPLANATION		
This explanation relates to question # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2		
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

EXPLANATION		
This explanation relates to question # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2		
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

Section VII –Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
Note: All authorized representatives must sign an Affirmation by Written Declaration.	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p> <p>I further understand that I am competent and qualified to engage in appraisal management services with safety to the general public and those with whom the person may undertake a relationship of trust and confidence and that I pledge to comply with the Uniform Standards of Professional Appraisal Practice upon registration and understand the types of misconduct for which disciplinary proceedings may be initiated.</p>	
Print Name:	Date:
Signature:	