



NORTH DAKOTA REAL ESTATE APPRAISER QUALIFICATIONS & ETHICS BOARD

PO Box 1336 - Bismarck ND 58502-1336

Telephone: 701-222-1051

Website: www.ndappraiserboard.org

Email: jcampbell@bis.midco.net

APPRAISAL MANAGEMENT COMPANY: Change of Controlling Person

NDCC 43-23.5-09: *An appraisal management company applying for a registration or for renewal of a registration in this state shall designate one controlling person that shall serve as the main contact for all communication between the board and the company. The controlling person shall:*

1. *Remain in good standing in this state or in any other state that the controlling person holds a licensure or certification permit from; however, nothing in this chapter shall require that a designated controlling person hold an appraiser license or certification in any jurisdiction.*
2. *Have never had an appraiser license or certification in this state or any other state refused, denied, canceled, revoked, or surrendered in lieu of a pending disciplinary proceeding in any jurisdiction and not subsequently reinstated or granted.*
3. *Be of good moral character.*
4. *Submit to a criminal background investigation for an initial application or as required by the board.*

<p>INSTRUCTIONS: Please type or print</p> <ol style="list-style-type: none"> 1. Complete the information requested below. 2. Any change in the controlling person must be reported in 30 days. 3. The controlling person must submit to a criminal history background check. For Background check instructions and required documents, see "Background Check" tab on the Homepage of the Appraiser Board website. 4. Mail all documents to ND Appraiser Board, PO Box 1336, Bismarck, ND 58502-1336. 5. Include change of information fee of \$25 made payable to ND Appraiser Board. 	<p>Board Use Only:</p> <p>Date received: _____</p> <p>Prints Forwarded to BCI: _____</p> <p>Received from BCI: _____</p> <p>AMC Record Updated: _____</p>
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SECTION I: APPRAISAL MANAGEMENT COMPANY INFORMATION:

Current Date: _____ Effective Date of Change: _____

ND AMC Registration Number _____ Name of AMC _____

SECTION II: Relinquishing Controlling Person

Name: _____
Last First MI

SECTION III: NEWLY AUTHORIZED CONTROLLING PERSON:

(Responsible for compliance with ND AMC Law & Rules)

1. NAME

_____ Last First MI

2. MAILING ADDRESS:

_____ Address City State Zip Code

3. BUSINESS TELEPHONE NUMBER:

4. EMAIL ADDRESS:

5. PHYSICAL ADDRESS: (If different from the mailing address in Item 3 above)

Address	City	State	Zip Code
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SECTION IV: DISCIPLINARY QUESTIONS:

1. Has the person listed above ever been convicted, pled guilty or nolo contendere to any crimes of forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, conspiracy to defraud, theft or any crime of moral turpitude?

_____ Yes _____ No

2. Has the person listed above ever had an appraiser license or certificate refused, denied, canceled, revoked, or surrendered in lieu of pending disciplinary proceeding in any state jurisdiction and not subsequently granted or reinstated?

_____ Yes _____ No

3. Has the person listed above ever been convicted, pled guilty or nolo contendere to any felony crime in any court of competent jurisdiction?

_____ Yes _____ No

If you answered yes to any of the above questions in Section IV, please attach a letter of explanation detailing the nature of the matter, date filed, and the State of jurisdiction.

I certify that the statements made in this Appraisal Management Company Information Change form and any attachments are true and correct to the best of my knowledge and belief and that I have not suppressed any information that might have a bearing on this document's process.

Applicant's Signature

Date