MINNESOTA DEPARTMENT OF COMMERCE Minnesota Department of Commerce 85 7th Place East, Suite 500, Saint Paul, MN 55101 PHONE: 651-539-1599	**DOC OFFICE USE ONLY** ☐ APPROVED ☐ DENIED ☐ RETURNED By _____ Date _____

Appraiser Use Only **ADDITIONAL COORDINATOR APPLICATION** **(NO FEE)**	**APPRAISER PROVIDER #**	**DATE PROCESSED**

IMPORTANT – This form can only be used by APPRAISER education providers.

APPRAISER PROVIDER INFORMATION

Provider / School Name *_____

Provider Physical Location - Street Address: _____

City _____ State _____ Zip _____

FEIN _____ Business Phone _____ Ext _____ Toll Free Number _____

Make sure that you are submitting the most current revision of this application located at http://mn.gov/commerce/. Outdated submissions will be returned without review.

COORDINATOR INFORMATION ----- All Information is Required.

FULL LEGAL NAME

Last Name _____, First Name _____, Middle _____

Social Security Number _____, DOB _____

Coordinator Daytime Business Address: _____,

City _____, State _____, Zip _____.

Coordinator **Direct** Business E-mail Address_____

Coordinator **Direct** Business Phone _____ Ext _____ Toll Free Number _____

A Coordinator must meet one of the three qualifications listed below.
Check at least one qualification; complete the requested information; and attach required documentation.

☐ **5 years experience within the previous six years, in the regulated industry for which Provider offers license education courses**	**(Attach Copy of Appraiser License (if hold/held current/past), Resume and/or Bio, and a signed and dated experience verification letter from Supervisor.)** Name and Location of Entity where applicant obtained Appraiser industry experience _____ (City/State)_____. Dates Employed from (mo/yr) _____ to (mo/yr) _____

☐ **Degree in Education plus 2 years experience during the immediately preceding five-year period in the regulated industry for which Provider offers license education courses**	**(Attach Copy of Transcript)** Name and Location of Educational Institution where applicant obtained degree _____ (City/State) _____. Name of Degree _____ Major _____ Dates of Attendance from (mo/yr)_____ to (mo/yr)_____ **(Attach Copy of Appraiser License (if hold/held current/past), Resume and/or Bio, and a signed and dated experience verification letter from Supervisor.)** Name and Location of Entity where applicant obtained Appraiser industry experience _____ (City/State) _____. Dates Employed from (mo/yr) _____ to (mo/yr) _____
☐ **3 years full-time experience administering an education program (experience must be within 5 years immediately prior to application)**	**(Attach Copy of Appraiser License (if hold/held current/past), Resume and/or Bio, and a signed and dated experience verification letter from Supervisor.)** Name and Location of Educational Institution where applicant was administrator _____ (City/State) _____. Describe Educational Program _____Title_____ Dates Employed from (mo/yr) _____ to (mo/yr) _____

All Licensing Education Coordinator applicants must answer the following questions. Please answer YES if the Applicant has ever:		
1. Been affiliated with any License Education Provider as an owner, officer, manager, solicitor, or coordinator that has been approved, licensed, or registered in any state including Minnesota? Attach explanation if, Yes.	YES ❒	NO ❒
2. Had any occupational, professional or vocational license or permit censured, suspended, revoked, canceled, terminated, or been the subject of any type of administrative action in any state including Minnesota? If yes, you must attach: a) a written statement, signed and dated by applicant, explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document which establishes the resolution of the charges or any final judgment.	YES ❒	NO ❒
3. Been owner, principal, officer, partner or owned stock in any company that has failed in business, made a compromise with creditors, or filed a bankruptcy petition or been declared bankrupt? If yes, attach written explanation signed and dated by applicant (including specific dates), list the company name(s), and attach copy of the company's bankruptcy disposition; this includes personal bankruptcies for individual proprietors.	YES ❒	NO ❒
4. Been charged, indicted, pleaded to, or convicted of any criminal offense in any Court? Include felonies, gross misdemeanors or misdemeanors. Do not include traffic violations less than felony. If yes, you must attach: a) a written statement, signed and dated by applicant, explaining the circumstances of each incident, b) a copy of the charging document, c) a copy of the official document which establishes the resolution of the charges or any final judgment, and d) if currently on probation, attach letter from probation officer stating your compliance with terms of probation.	YES ❒	NO ❒
5. Is this Coordinator currently or previously a licensed Appraiser in any state including MN? If yes, submit the license type, license number, and attach verifiable documentation.	YES ❒	NO ❒

PROVIDER CERTIFICATION & SIGNATURE

I hereby certify that all of the information submitted in this application and attachments is true and complete, and that this document has not been altered in any manner from the form adopted by the Department of Commerce. **I further certify that the individual listed and signing below on this application as the individual coordinator has our complete authority and permission to act as the Minnesota education coordinator for our business entity.**

CORPORATION / LLC SIGNATURE OF OFFICER	PARTNERSHIP / LP / LLP SIGNATURE OF PARTNER	INDIVIDUAL PROPRIETOR SIGNATURE of owner INDIVIDUAL
Authorized Officer's Signature (Mandatory)	General Partner's Signature (Mandatory)	Individual's Signature (Mandatory)
Printed Name and Title	Printed Name	Printed Name
Date Signed	Date Signed	Date Signed

COORDINATOR APPLICANT CERTIFICATION & SIGNATURE

- I understand that a Coordinator is responsible for supervising the Provider's license education program and assuring compliance with Minnesota education laws, including signing course completion certificates if used, maintaining student attendance records, being available to instructors and students throughout course offerings, supervision of course instructors, ensuring coverage of all points in the course outline approved by the Commerce Department, ensuring adequacy of classroom facilities, and investigating complaints.
- I understand that a Coordinator is responsible for notifying the Commerce Department within 10 days of any change in applications for approval on file with the Commerce Department, and for notifying the Commerce Department within 10 days of any felony or gross misdemeanor conviction, or of disciplinary action taken against any occupational license held by, the Provider, Coordinator or an instructor teaching an approved offering.
- I certify that all of the information submitted in this application and attachments is true and complete, and that this document has not been altered in any manner from the form adopted by the Commerce Department.

_____

Printed Coordinator Applicant Name (Mandatory)

_____

Signature of Coordinator Applicant (Mandatory) Date

MINNESOTA DEPARTMENT OF COMMERCE Minnesota Department of Commerce 85 7th Place East, Suite 500, Saint Paul, MN 55101 PHONE: 651-539-1599	**BCA FORM** **Bureau of Criminal Apprehension** **Criminal Background Check**

THIS BCA FORM MUST BE COMPLETED AND SIGNED BY ALL APPLICANTS

Note: The definition of applicant in this case includes **ALL** of the following: individual education coordinators; all officials for the education provider business entity, including but not limited to, individuals, officers, partners, directors, governors, managing members, owners, and shareholders owning 10% or more of the stock.
Note: The definition of business entity in this case includes but is not limited to, Individual Proprietors, Corporations, Limited Liability Companies/Corporations (LLCs), Partnerships, Limited Partnerships (LPs), and Limited Liability Partnerships (LLPs), Non-Profits.

THE DEPARTMENT OF COMMERCE REQUIRES THIS INFORMATION TO CONDUCT CRIMINAL HISTORY CHECKS.

TO: Bureau of Criminal Apprehension

(Only one individual per BCA form)

RE: Request for Criminal Background Check

PROVIDE PERSON'S COMPLETE LEGAL NAME	Please Print or Type
LAST NAME (if legal last name is hyphenated, enter both names here)	

FIRST NAME	**MIDDLE NAME**

ADDITIONAL MIDDLE NAME (if applicable)	MAIDEN NAME (if applicable)	FORMER LAST NAME of OTHER NAME (if applicable)

DATE OF BIRTH (mo/day/yr)	SOCIAL SECURITY NUMBER

TYPE OF APPROVAL FOR WHICH YOU ARE APPLYING

MN PROFESSIONAL LICENSE EDUCATION PROVIDER and/or COORDINATOR APPROVAL

NAME OF THE COMPANY _____

COMPANY'S ASSUMED NAME (if applicable) _____

COMPANY'S STATE TAX IDENTIFICATION NUMBER _____

YOUR TITLE OR POSITION IN THE COMPANY _____

CERTIFICATION AND AUTHORIZATION:

- **I, the undersigned, and/or my company, have made application to the Minnesota Department of Commerce for approval as a regulated professional license education provider/coordinator.**
- **I certify that complete and accurate responses have been provided for all questions on the application.**
- **I hereby request and authorize the Bureau of Criminal apprehension to conduct a background check of me through their records for regulated professional license education provider/coordinator approval purposes.**

_____ _____

Signature (mandatory) **Date**