Minnesota Appraisal Management Company License Application Required Forms

Instructions: In order for a Minnesota Appraisal Management Company License Application to be processed, the following forms must be submitted to the Minnesota Department of Commerce, Licensing Division. These documents can be either mailed or e-mailed into our office once the application has been submitted on: [www.pulseportal.com](http://www.pulseportal.com). Our e-mail address is: licensing.commerce@state.mn.us. Please make it attention: AMC Processor. Thank you.

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**Required Forms:**

- Disclosure of Owners, Officers, and Partners (If not filled-out online);
- Biographical Statement and BCA forms for each of the disclosed owners, Officers, and Partners;
- Uniform Consent to Service of Process;
- Affidavit of Designated Controlling Person;
- Affidavit of Official Signing Application;

*Non-Domiciled Companies can include the following with this submission:*

- Certificate of Authority to Transact Business from the MN Secretary of State;
- Certificate of Assumed Name from the MN Secretary of State (if applicable);
- Letter of Good Standing from state of domicile;

*Domiciled Companies can include the following with this submission:*

- Certificate of Incorporation/ Organization from the MN Secretary of State;
- Certificate of Assumed Name from the MN Secretary of State (if applicable);
- Proof of Workers Compensation coverage;

If you have questions, please contact the Licensing Division at:
Telephone: 651-539-1599
Website: mn.gov/commerce
Email: Licensing.Commerce@state.mn.us
An applicant for a Company license must provide the following information:

- **Individual Proprietor**: Provide the name and address of the Owner.
- **Partnership**: Provide the name and address of all General Partners and Limited Partners.
- **Corporation, LLC, Trust, Other**: Provide the name and address of all elected Officers, Directors, Governors, Members, Shareholders owning 10% or more of company stock, and any Employees with authority to exercise control in policy or management of the company.

If any owner or partner is also a business entity, you must complete this form to disclose the owners/partners/officers/shareholders of that business entity as well.

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<td>D General Partner</td>
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<td>D Manager/Employee with controlling authority</td>
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Signature of Owner/Partner/Officer          Title          Date

This form may be photocopied if additional forms are needed.
INSTRUCTIONS
Complete all items, submit and sign all copies. If more space is needed, attach an additional sheet and identify the item by number.

Name of Appraisal Management Company

1. Full Name
   ____________________________________________________________________________
   SSN ____________________________________________________________________________

2. Other names you have used or are now using (if none, so state)
   ____________________________________________________________________________

3. General Information
   Date of Birth ________________________________________________________________
   Place of Birth ________________________________________________________________

4. Business Address
   City ___________________________ State ___________________________ Phone __________
   Email __________________________________________________________________________

   Residence Address
   City ___________________________ State ___________________________ Phone __________
   Email __________________________________________________________________________

5. What is your highest level of education? Check one.
   □ Less than High School
   □ High School Graduate
   □ Some higher education but no degree
   □ B.S. or B.A. degree
   □ Master’s Degree or higher

6. Present occupation or business activities (describe in detail, giving name, address and type of business)
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

7. Past occupations and business activities (describe in detail or attach a resume)
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
8. a. Have you ever been discharged from employment for reasons other than lack of work?
   □ YES    □ NO    If answer is YES, explain fully.
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

   b. Have you ever been required by a former employer to tender your resignation?
   □ YES    □ NO    If answer is YES, explain fully.
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

9. a. Are you currently subject to any cease and desist order or injunctive order that would preclude involvement with an appraisal management company?
   □ YES    □ NO

   b. Have you ever voluntarily surrendered in lieu of disciplinary action an appraiser certification, registration, or license, or an appraisal management company license?
   □ YES    □ NO

   c. Have you ever been the subject of a final order revoking or denying an appraiser certification, registration, or license, or an appraisal management company license?
   □ YES    □ NO

   d. Have you ever been the subject of a final order barring involvement in any industry or profession issued by this or another state or federal regulatory agency?
   □ YES    □ NO

10. Give names and address of three (3) business references from within the real estate appraisal industry who can attest to your character, reputation, experience, financial responsibility, and general fitness.

   Name                        Address
   a. ___________________________________________  _______________________________
   b. ___________________________________________  _______________________________
   c. ___________________________________________  _______________________________
I hereby acknowledge and agree that any misrepresentation or omission of a material fact with respect to the foregoing representations or with respect to any other documents or papers which contain my signature and have been submitted in connection with the application of

(Name of appraisal management company)

for authority to operate as an appraisal management company shall, unless expressly waived by the Commissioner of Commerce, constitute fraud in the inducement and grounds for denial of approval in this or any other matter; grounds to require my resignation as a director or officer of said appraisal management company, and may subject me to other legal sanctions.

______________________________  Proposed:______________________________
Signature                                   Date  (Applicant – Director, Officer, Stockholder, Manager, etc.)

Subscribed and sworn to before me, a Notary Public, this________ day of______________________, ________.

______________________________  State of______________________________
Notary Public Signature  County of______________________________

My Commission Expires______________________________

NOTARY SEAL
The data that you furnish on this form will be used by the Department of Commerce to assess your qualifications for a license. **Individuals listed in item 3 on the license application form must complete this BCA form.** Disclosure of your social security number is voluntary; however, if not provided, the Department of Commerce may be unable to grant a license. The Department of Commerce requires this information and may conduct criminal history checks and/or verify tax identification information and for revenue recapture as authorized by Minnesota Statutes, Chapter 270A. **After issuance of a license, all information contained in this application, except your social security number, is public pursuant to Minnesota Statutes, Chapter 13.**

**TO:** Bureau of Criminal Apprehension and Minnesota Department of Revenue  
**RE:** Request for Criminal Background Check  
Request for Disclosure/Verification of Tax Identification Number

***PLEASE PRINT***

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<tr>
<th>Name of applicant (or qualifying person)</th>
<th>Title or position in the company</th>
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<tr>
<th>Social Security Number of applicant (or person in control)</th>
<th>Applicant’s (or person in control’s) date of birth</th>
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</table>

**Type of license for which you are applying**

**The following section should only be completed if you are applying for a company (rather than individual) license:**

Name of the company: ____________________________

Company’s State Tax identification Number: ____________________________

**The following section to be completed by all applicants:**

I, _____________________________ (Full First Name) _____________________________ (Full Middle Name) _____________________________ (Full Last Name) have made application to the Minnesota Department of Commerce for a regulated professional license. I am either the applicant or the limited/general partner, a manager, a shareholder of the applicant owning 10% or more of the stock, or an employee with the authority to exercise management/policy control over the company. I hereby request/authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes, and the Minnesota Department of Revenue to disclose/verify the company’s tax I.D. number.

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<th>Signature of Applicant</th>
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**NOTE TO BUREAU OF CRIMINAL APPREHENSION / MN DEPARTMENT OF REVENUE:**
Please enclose completed background investigation or tax identification information in a sealed envelope along with this letter.
KNOW ALL BY THESE PRESENTS:

That the Appraisal Management Company license applicant, _______________________.

(Circle one of the following):
(a corporation organized under the laws of the state of ______________________)
(a limited liability company) (a general or limited partnership) (an association) (other ________),

for the purpose of complying with the laws of the State of Minnesota relating to appraisal management services,

hereby irrevocably appoints the Commissioner of Commerce, and the successors in such office, its attorney in

the State of Minnesota upon whom may be served any notice, process or pleading in any action or proceeding

against it arising out of or in connection with the business of appraisal management services or out of violation

of the aforesaid laws of said state; and the undersigned does hereby consent that any such action or proceeding

against it may be commenced in any court of competent jurisdiction and proper venue within said state by

service of process upon said officer with the same effect as if the undersigned was organized or created under

the laws of said state and had lawfully been served with process in said state.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

____________________________________________________________
(Name and address)

Dated: ______________________., ______. By __________________________

Title: __________________________

(Seal) By __________________________

Title: __________________________

COMPLETE THE APPROPRIATE ACKNOWLEDGEMENT SECTION ON THE NEXT PAGE
CORPORATE ACKNOWLEDGMENT

STATE OF _______________________

COUNTY OF ______________________ ss.

On ______________________ (date), __________________________________ (President) and ________________ (Secretary), known personally to me to be the President and Secretary of the above-named corporation, personally appeared before me, ______________________ (Notary Public), the undersigned officer; and they, as such officers, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by themselves as such officers.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

____________________________
Notary Public Signature

State of _______________________

County of _______________________

My commission expires _________________

NONCORPORATE ACKNOWLEDGMENT

STATE OF _______________________

COUNTY OF ______________________ ss.

On ______________________ (date), ________________ (Person(s) Name), personally known to me and known to be the same person(s) whose name(s) is(are) signed to the foregoing instrument, personally appeared before me ______________________ (Notary Public), the undersigned officer, and acknowledged the execution thereof for the uses and purposes therein set forth.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

____________________________
Notary Public Signature

State of _______________________

County of _______________________

My commission expires _________________
AFFIDAVIT OF DESIGNATED CONTROLLING PERSON

I hereby certify that I am not currently subject to any cease and desist order or injunctive order that would preclude involvement with an appraisal management company, and I have never been the subject of an order suspending, revoking, or denying a certification, registration, or license for real estate services, or a final order barring involvement in any industry or profession issued by this or another state or federal regulatory agency.

______________________________
Signature of Official

Subscribed and sworn to before me, a Notary Public, this_______day of__________________,______.

______________________________
Notary Public Signature

State of _____
County of _______________________
My commission expires ________________
AFFIDAVIT OF OFFICIAL SIGNING APPLICATION

I hereby certify that all the information contained in this application and any accompanying documents are true and correct to the best of my knowledge. I certify that this document has not been altered or changed in any manner from the form adopted by the Department of Commerce.

I further certify that:  

(Name of Corporation, Partnership, LLP, LLC, or other business entity)

- has a system and process in place to verify that a person being added to the employment or appraiser panel of the appraisal management company for appraisal services within Minnesota holds an active appraisal license in Minnesota pursuant to chapter 82B;
- has a system in place to review the work of all employed and independent appraisers that are performing real estate appraisal services for the appraisal management company on a periodic basis to verify that the real estate appraisal assignments are being conducted in accordance with USPAP and chapter 82B;
- maintains a detailed record of each service request that it receives and the independent appraiser that performs the real estate appraisal services for the appraisal management company, pursuant to section 82C.13;
- will appropriately train employees and ensure that they are familiar with the appraisal process; and
- 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 in good standing in Minnesota pursuant to chapter 82B.

STATE OF__________________________

COUNTY OF__________________________

I, ________________________________, of the ________________________________, of the ________________________________, organized in the State of__________________________, do hereby declare that I am duly authorized to file the foregoing application and that the statements and representations set forth therein are true to the best of my knowledge and belief.

______________________________
Signature of Official

Subscribed and sworn to before me, a Notary Public, this ______day of ________________________.

______________________________
Notary Public Signature

State of ________________________________

County of ________________________________