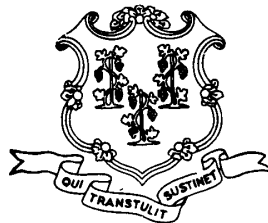


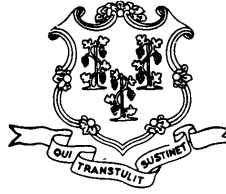
STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 REAL ESTATE UNIT  
 165 CAPITOL AVENUE  
 HARTFORD, CT 06106  
 Email: [real.estate@ct.gov](mailto:real.estate@ct.gov)  
 Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



## Requirements for Real Estate Appraisal Management Company Registration

<b>1. ALL APPLICANTS MUST:</b>	
<input type="checkbox"/> Register with the Connecticut Secretary of State PRIOR to completing this form	SECRETARY OF STATE (860) 509-6002 <a href="http://www.sots.ct.gov">www.sots.ct.gov</a>
<b>2. ALL APPLICANTS MUST:</b>	
<input type="checkbox"/> COMPLETE <u>APPLICATION FOR APPRAISAL MANAGEMENT COMPANY TO REGISTER IN CONNECTICUT</u>	<b>ATTACH ONE OF THE FOLLOWING:</b> <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Articles of Organization (Limited Liability Company) <input type="checkbox"/> Articles of Incorporation (Corporation)
<input type="checkbox"/> COMPLETE ATTACHED <u>AFFIDAVIT OF OWNERSHIP</u> verifying ownership & stock interest for each Member/Officer	
<b>3. FEES</b>	
<input type="checkbox"/> \$1000.00 Application Fee	ALL CHECKS PAYABLE TO "TREASURER, STATE OF CONNECTICUT"

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## Real Estate Appraisal Management Company Registration Application

This application **must be accompanied by a check or money order in the amount of \$1000.00** made payable to "Treasurer, State of Connecticut." All registrations expire biennially on December 31<sup>st</sup>.

### Section I – Appraisal Management Company

Current Name of Appraisal Management Company				
Street Address		City	State	Zip Code
Telephone Number	Fax Number	FEIN		
Email Address		Web Site		
Mailing Address (if different than above)				
Street Address		City	State	Zip Code
<p>1. Please attach a list of all employees who are licensed appraisers, including their name, license number and state.</p> <p>2. Will you be using a Trade Name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of the Trade Name Certificate.</p> <p>3. Does this appraisal management company employ any person to order, prepare, perform, or review appraisals who has had an appraiser license or certificate denied, refused to be renewed, suspended, or revoked in Connecticut or any other State, or who has been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a statement of explanation.</p> <p>4. Has this appraisal management company entered into any contract, agreement, to procure appraisal services in Connecticut, with (A) any person who has had an appraiser license or certificate denied, refused to be renewed, suspended, or revoked, or (B) any partnership, association, limited liability company, or corporation that employs or has entered into any contract, agreement, or other business arrangement with any person who has had an appraiser license or certificate denied, refused to be renewed, suspended, or revoked in Connecticut or any other State, or has been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a statement of explanation.</p> <p>5. Are you CURRENTLY charged with or, under investigation for a felony or misdemeanor in any jurisdiction? Or is any disciplinary action pending against you in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a statement of explanation.</p>				

### Section II – Controlling Person(s) If more than one person, please attach additional sheets

Name of Appraisal Management Company Controlling Person				
Street Address		City	State	Zip Code
Telephone Number	Email Address	Appraisal License Number/State		
<p>1. Has the Appraisal Management Company Controlling Person ever had an appraisal license, certification or temporary permit refused, suspended or revoked in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a statement of explanation.</p> <p>2. Has the Appraisal Management Company Controlling Person ever been convicted of a felony or a crime related to forgery, embezzlement, obtaining money under false pretenses, extortion, criminal conspiracy to defraud or other like offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach an explanation of nature of crime and disposition.</p> <p>3. Are you CURRENTLY charged with or, under investigation for a felony or misdemeanor in any jurisdiction? Or is any disciplinary action pending against you in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a statement of explanation.</p>				

**Section III - Compliance Manager(s)** If more than one person, please attach additional sheets

Name of Appraisal Management Company Compliance Manager			
Street Address	City	State	Zip Code
Telephone Number	Email Address	Appraisal License Number/State	
1. Has the Appraisal Management Company Compliance Manager ever had an appraisal license, certification or temporary permit refused, suspended or revoked in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a statement of explanation.			
2. Has the Appraisal Management Company Compliance Manager ever been convicted of a felony or a crime related to forgery, embezzlement, obtaining money under false pretenses, extortion, criminal conspiracy to defraud or other like offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach an explanation of nature of crime and disposition.			
3. Are you CURRENTLY charged with or, under investigation for a felony or misdemeanor in any jurisdiction? Or is any disciplinary action pending against you in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a statement of explanation.			

**Section IV - All Non-Resident Entities**

Name of Agent for Service of Process			
Mailing Address	City	State	Zip Code
Telephone Number	Email Address	Appraisal License Number/State	
<i>I am a Connecticut resident who has agreed to represent the above named out-of-state appraisal management company.</i>			
Name		Signature	Date

**CONSENT FOR SERVICE OF PROCESS**

The undersigned \_\_\_\_\_ county of \_\_\_\_\_ State of \_\_\_\_\_ I, applicant hereby file irrevocably consent that suits and actions may be commenced against such applicant in the proper court in any judicial district of the state in which a cause of action may arise or in which the plaintiff may reside, and that in the event proper service of process cannot be made upon such applicant in any such proceeding, service may be made by service of process or pleading authorized by the laws of Connecticut on the Chairperson of the Connecticut Real Estate Appraisal Commission, hereby stipulating and agreeing that such service of such process or pleading upon the said Chairperson of the Connecticut Real Estate Appraisal Commission shall be taken and held in all courts to be as valid and binding as if service had been made upon said applicant in the State of Connecticut.

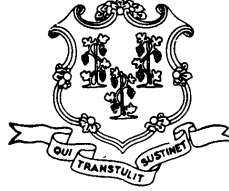
\_\_\_\_\_  
Name Signature Date

**Section V - Controlling Person Must Complete this Section**

*I certify, that I read and understand Connecticut General Statutes Sections. 20-523 and 20-526 which prohibit engaging in business without an appraiser license under the pains and penalties of Connecticut law and under penalty of law (Section 53a-157b, a Class A Misdemeanor), that the information provided in this application is the truth to the best of my knowledge.*

\_\_\_\_\_  
Name of Controlling Person Signature of Controlling Person Date

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**AFFIDAVIT OF OWNERSHIP**

**All changes in ownership or control of a Real Estate Appraisal Management Company shall be reported within thirty (30) days of such change by filing a new Affidavit of Ownership.**

Name of Appraisal Management Company	Email Address
Name of Controlling Person(s)	Date Affidavit Completed

**You must check (✓) the box that applies:**

- |  |  |
|--|--|
| <input type="checkbox"/> PUBLICLY-TRADED STOCK CORPORATION | <input type="checkbox"/> PARTNERSHIP           |
| <input type="checkbox"/> CLOSED STOCK CORPORATION          | <input type="checkbox"/> NON-STOCK CORPORATION |
| <input type="checkbox"/> LIMITED LIABILITY COMPANY         |  |

**REQUIRED ATTACHMENTS:** You must attach the PARTNERSHIP AGREEMENT, ARTICLES OF ORGANIZATION or ARTICLES OF INCORPORATION to this affidavit.

**MEMBERS/OFFICERS/OWNERS OF TEN PERCENT OR MORE OF THE COMPANY** (Attach as many forms as needed)

First Name		Middle Initial	Last Name	
Street Address		City		State Zip Code
Percentage of Ownership	Percentage of Stock Interest	Is the Member/Officer: <input type="checkbox"/> CERTIFIED RESIDENTIAL <input type="checkbox"/> CERTIFIED GENERAL <input type="checkbox"/> UNLICENSED or OTHER LICENSE		Appraisal License Number/State

1. Have you or any owners of greater than ten percent of this appraisal management company had an appraiser license or certificate denied, refused to be renewed, suspended, or revoked in Connecticut or any other State, or have you or any owners of greater than ten percent of this company been convicted of a felony?  Yes  No If yes, attach a statement of explanation.
2. Has any owner of greater than ten percent of this appraisal management company, in the form of a partnership, association, limited liability company, or corporation, had an appraiser license or certificate denied, refused to be renewed, suspended, or revoked in Connecticut or any other State, or been convicted of a felony?  Yes  No If yes, attach a statement of explanation.
3. Are you CURRENTLY charged with or, under investigation for a felony or misdemeanor in any jurisdiction? Or is any disciplinary action pending against you in any jurisdiction?  Yes  No If yes, attach a statement of explanation.

**Attestation of this Application**

*I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.*

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Signature of Applicant Date