



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
 P.O. BOX 22001
 Albany, NY 12201-2001
 Customer Service: (518) 474- 4429
 www.dos.ny.gov

Appraisal Management Company Additional Owner/Controlling Person Background Information

Instructions:

This form should be used to affirm background information for *each* owner/controlling person for an Appraisal Management Company. This form should be completed by the owner/controlling person and uploaded with the online Appraisal Management Company license application, along with any additional background information requested below.

Use this form only if you are applying online for an initial Appraisal Management Company license. If you are an existing licensee and are adding or removing an existing owner/controlling person, do not use this form, log into your account and perform the amendment online.

LAST NAME	FIRST NAME	MIDDLE INITIAL	SUFFIX
HOME ADDRESS, NUMBER AND STREET (PHYSICAL STREET ADDRESS IS REQUIRED)			
CITY	STATE	ZIP+4	COUNTY
MAILING ADDRESS IF DIFFERENT THAN STREET ADDRESS			
CITY	STATE	ZIP+4	COUNTY
TELEPHONE NUMBER ()	DATE OF BIRTH	EMAIL ADDRESS	

1. Have you ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or felony? **YES** **NO**
 →IF "YES," you must submit a written explanation and provide a copy of the court records detailing the allegations of the offense and how the case was resolved. If you have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you may submit a copy with this application.
2. Are there any criminal charges (misdemeanor or felonies) pending against you in any court? **YES** **NO**
 →IF "YES," you must submit a written explanation and a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).
3. Has any license or certificate to act as an appraiser issued to you or a company in which you are or were a principal ever been denied, revoked, or surrendered in lieu of pending disciplinary action in any state? **YES** **NO**
 →IF "YES," you must provide all relevant documents, including the agency determination if any.
4. Have you ever applied for or been issued an Appraisal Management Company license in New York State prior to this application? **YES** **NO**
 →IF "YES," please provide the previous license number (UID) _____

I affirm, under the penalties of perjury, that the information provided in this application is true and correct to the best of my knowledge and belief. I further affirm that I have read and understand the provisions of Article 6-H of the Executive Law and the rules and regulations promulgated thereunder (19 NYCRR).

Signature of Additional Owner/Controlling Person _____ **Date** _____