



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
COUNCIL ON REAL ESTATE APPRAISERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

CERTIFICATE OF INDIVIDUAL ASSOCIATED WITH APPRAISAL MANAGEMENT COMPANY INSTRUCTIONS

File a [Certificate of Individual](#) form if you are:

- the *controlling person* selected by an appraisal management company to be its main contact person for all communications between the Council and the company
- a person who owns more than 10% of an appraisal management company.

Arrange for the Council office to receive State of Delaware and Federal Bureau of Investigation criminal background checks using the [Instructions for Requesting a Criminal Background Check](#) on DPR's website.

Enter the Application ID: _____

IDENTIFYING AND CONTACT INFORMATION

1. Name of Appraisal Management Company: _____

2. Your Full Name: _____
First Middle Last

3. Your Title: _____

4. Official Capacity (check one): Controlling Person Principal Partner Officer Director Trustee

5. Other Names Used: _____
(Include names such as aliases, maiden name, former married names, alternate spellings or punctuation)

6. Date of Birth (month/day/year): _____ Gender: Male Female

7. Have you been issued a U.S. Social Security Number? Yes No If yes, enter SSN: _____
If no, complete the below:

If a U.S. SSN is assigned to you, do you agree to report the SSN to the Delaware Division of Professional Regulation? Yes No

8. Residence Address: _____
Street Address - No PO Box!

City State Zip

9. Business **Physical** Address: _____
Street Address - No PO Box

City State Zip

10. Phone: _____ Email: _____

DISCLOSURES

11. Have you *ever* had any financial, real estate, or mortgage lending industry license or certificate refused, denied, canceled, revoked or voluntarily surrendered in Delaware or in any other jurisdiction (state, U.S. territory or District of

Columbia), unless such license or certificate was subsequently granted or reinstated? Yes No **If yes, attach a signed statement explaining fully.**

12. Have you ever received any administrative penalties regarding your real estate, or mortgage lending industry license or certificate in any jurisdiction, such as fines, formal reprimands, license suspension or revocation (except for non-payment of fees), probationary limitations, or been a party to a 'consent agreement' containing conditions placed by a Board on your professional conduct and practice, including any voluntary surrender of a license? Yes No **If yes, attach a signed statement explaining fully. Include copies of all appropriate records.**
13. Are any unresolved complaints pending against you in any jurisdiction? Yes No **If yes, attached a signed statement explaining fully. Include copies of all appropriate records.**
14. Do you currently, or did within the past two years, excessively use or abuse any drugs or alcohol? Yes No **If yes, attach a signed statement explaining fully.**

DUTY TO REPORT

15. As an owners and/or the controlling person of an appraisal management company, do you understand that you are required to:
- notify the Council in writing if the ownership of the company changes? Yes
 - notify the Council office *in writing* within ten days if the controlling person changes? Yes
 - notify the Council office *in writing* within three days after the arrest of any of the company's owners or controlling person for any crime other than minor traffic violations? Yes
 - notify the Council office *in writing* within ten days if the company's registered agent for service of process in Delaware changes (applies only to a corporation that is not domiciled in Delaware)? Yes

Notice to Appraisal Management Company Owners and Controlling Person

No person who owns more than 10% of an appraisal management company or who is a principal of the company or who is its controlling person (as defined above) may have had any financial, real estate or mortgage lending industry license or certificate refused, denied, canceled, revoked or voluntarily surrendered in any state (including Delaware) unless the license or certificate was subsequently granted or reinstated. At its discretion, the Council may waive this requirement by appeal.

AFFIDAVIT

The individual named above, being duly sworn, does hereby acknowledge that he or she is associated with the appraisal management company named above, in the capacity indicated, and certifies that the facts stated herein are true.

Owner or Controlling Person Signature: _____ **Date:** _____

County of _____ State of _____

Sworn or affirmed before me a Notary Public this _____ day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires on _____

**FORMS THAT ARE UNSIGNED, NOT NOTARIZED, OR INCOMPLETE WILL NOT BE PROCESSED.
MAIL COMPLETED FORMS DIRECTLY TO THE OFFICE AT THE ADDRESS ABOVE.**