

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 Dover, Delaware 19904-2467

COUNCIL ON REAL ESTATE APPRAISERS

FAX: (302) 739-2711 WEBSITE: DPR.DELAWARE.GOV

TELEPHONE: (302) 744-4500

EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR APPRAISAL MANAGEMENT COMPANY REGISTRATION **INSTRUCTION SHEET**

When to File

File this application for registration as an Appraisal Management Company in Delaware when the business:

- engages (or tries to engage) directly or indirectly in business as an appraisal management company, or
- performs (or tries to perform) directly or indirectly appraisal management services, or
- advertises or holds itself out as engaging in or conducting business as an appraisal management company.

If the company has more than one office that will conduct business in Delaware, only one registration is required for all of the offices.

Do **not** file this application when a business employs real estate appraisers to perform all real property appraisal services in the normal course of its business and is responsible for ensuring that its employees perform the services in accordance with Uniform Standards of Professional Appraisal Practice and federal and state law (24 Del. C. §4023). Such businesses are not required to register as appraisal management companies.

Controlling Person Requirements

Each appraisal management company filing this application must designate one person who will be the contact for all communication between the Council and the appraisal management company. This contact person is termed the controlling person.

To serve as an appraisal management company's controlling person, the person selected must

- meet the requirements in 24 Del. C. § 4002 (10)
- arrange for the Council office to receive State of Delaware and Federal Bureau of Investigation criminal history records, and
- certify to the Council that no financial, real estate or mortgage lending industry license or certificate issued to them by any state (including Delaware) has ever been refused, denied, canceled, revoked or voluntarily surrendered, unless the license or certificate was later granted or reinstated.

Notice to Appraisal Management Company Owners and Controlling Person

No person who owns 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, real estate appraiser or mortgage lending industry license or certificate refused, denied, canceled, revoked or voluntarily surrendered in lieu of revocation for substantive cause, 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.

Note: States frequently suspend or revoke for situations that are typically considered non-substantive causes, like the failure to pay taxes or child support. This does not have to prohibit the owner from AMC ownership of the AMC as a whole from being registered with the State.

Requirements for All Applications Submit completed, signed and notarized Application for Appraisal Management Company Registration. Enclose the non-refundable processing fee by check or money order made payable to the "State of Delaware." Arrange for the Council office to receive proof of a surety bond in the amount of at least \$20,000.

| Submit a <u>Certificate of Individual</u> form completed and signed by the appraisal management company controlling person and <i>each</i> owner of the company. The form included with this application may be copied. It is also available on the Council's <u>Forms</u> page. The appraisal management company controlling person and each owner of the company must sign his or her own <u>Certificate of Individual</u> forms before a notary. |
|---|
| Arrange for the Council office to receive State of Delaware and Federal Bureau of Investigation criminal history records on the controlling person and each person who owns more than 10% of the appraisal management company. The controlling person and each person who owns more than 10% of the business must complete the <i>Criminal History Record Check Authorization</i> form included with the application and follow the instructions on the form to arrange to be fingerprinted. Submit the forms and payment to the State Bureau of Identification (SBI). Do <i>not</i> send these forms to the Council office! Allow at least four weeks for the SBI to send criminal history records to the Council office. A new criminal background check is required even if the person recently had a criminal background check done for some other reason. |
| If the company has ever held any other license to engage in appraisal management services in any jurisdiction (state, U.S. territory or District of Columbia), arrange for the Council office to receive a license verification from <i>each</i> jurisdiction, sent <i>directly</i> from the jurisdiction to the Board office. |
| If the controlling person or an owner of the company does not have a U.S. SSN, he or she must complete and submit a <u>Request for Exemption from Social Security Number Requirement</u> . The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 <i>Del. C.</i> §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 <i>Del. C.</i> §2216) and for other lawful purposes. |

Reporting Changes

An owner or controlling person of an Appraisal Management Company is required to notify the Council office of the following events.

- Notify the Council office in writing within ten days of any change in the company's owners or controlling person (as
 defined above).
 - If the change involves a new controlling person or owner of the business who has not previously submitted a Certificate of Individual form, the new controlling person or owner must complete, sign and submit a <u>Certificate of Individual</u> form.
 - o If the change involves a new controlling person or owner who owns more than 10% of the business who has not previously submitted State of Delaware and Federal Bureau of Investigation criminal background checks, the new controlling person or owner must complete the *Criminal History Record Check Authorization* form and follow the instructions on the form to arrange to be fingerprinted.

Example: A new controlling person is named. The new controlling person must submit a <u>Certificate of Individual</u> form to the Council office and arrange for the Council office to receive State of Delaware and Federal Bureau of Investigation criminal background checks.

- Notify the Council office *in writing* within three days after the arrest of the company's controlling person or any of the company's owners for any crime other than minor traffic violations.
- If the business is a corporation not domiciled in Delaware, notify the Council office in writing within ten days if the company's registered agent for service of process in Delaware changes.

If the ownership of the business changes, a new application is required.

Example: The business is sold to new owners. The new owners must file a new application. As part of the new application, the new owners and selected controlling person must submit <u>Certificate of Individual</u> forms to the Council office and arrange for the Council office to receive State of Delaware and Federal Bureau of Investigation criminal background checks.

Renewing Registrations

Appraisal management company registrations expire <u>annually</u> on March 31 each year. Several weeks before the expiration, a notice will be emailed to the business' email address on file with the Division of Professional Regulation. Please keep the contact information for the controlling person up-to-date so that notices we send will reach the business. The notice will include instructions on how to renew the registration.



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APPLICATION FOR APPRAISAL MANAGEMENT COMPANY REGISTRATION

COMPANY IDENTIFYING INFORMATION

| 1. | Legal Name: | | | |
|-----|--|--|------------------------|----------------------|
| 2. | Doing Business As (DBA) if diffe | erent than legal name: | | |
| 3. | Company <i>Mailing</i> Address: | | | |
| | City | State | | Zip |
| 4. | Business Phone: | Business Email: | | |
| 5. | Federal Employer Identification | Number (EIN): | | |
| 6. | | corporation that is <i>not</i> domiciled in Delaware? Yes company's registered agent for service of process in D | | |
| | Agent Name: | Phone: _ | | |
| | Agent Address: | | | |
| | City | <u>Del</u> | <u>laware</u> State | Zip |
| | City | | State | ΖΙΡ |
| 7. | | definition of AMC rule ownership limitations and panel state OR 25 or more appraisers operating in multiples | | |
| 8. | Is it a single state (16 or more ap | ppraisers) or a multiple state (25 or more appraisers)? | | |
| 9. | | rs who provided appraisals in connection with covered alendar year: | transact | ions for the AMC in |
| 10. | Is this company federally regular | ted? Yes ☐ No ☐ | | |
| | MAIN AND BRANCH OFFICES | | | |
| 11. | Enter the <i>physical address</i> of t | he company's <i>main office</i> that will conduct business i | n Delawa | are: |
| | | | | |
| | City | State | | Zip |
| 12. | | anch offices that will conduct business in Delaware? Y | | No 🗌 If yes, enclose |

13. Has any owner in the AMC had a crime related to REA? Yes ☐ No ☐

| 14 | 14. Has any owner ever received any administrative penalties (disciplines) regarding his/her practice as an appraiser, including but not limited to fines, formal reprimands, license suspensions or revocation (except for license revocations for nonpayment of license renewal fees), probationary limitations, or has any owner entered into any agreements which contain conditions placed by a regulatory agency on your professional conduct and practice, including any voluntary surrender of a license, certificate or registration in Delaware or elsewhere? Yes \(\sqrt{\text{No}} \) | | | | | |
|----|--|--|--|--|--|--|
| 15 | 15. Has any owner ever been convicted of or entered a plea of guilty or nolo contendere (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which they have received a pardon, in any jurisdiction or does any owner have criminal charges pending against them in any jurisdiction?? Yes No If yes, submit a signed letter of explanation and documentation of the final disposition. | | | | | |
| СО | NTROLLING PERSON INFORMATION | | | | | |
| 16 | i. Enter the name of the person selected to be the appraisal management company's controlling person. This person will be the contact for all communication between the Council and the appraisal management company: | | | | | |
| | First Middle Last Suffix | | | | | |
| | Submit a signed, completed and notarized <i>Certificate of Individual</i> from the controlling person. In addition, arrange for the Council office to receive a State of Delaware and Federal Bureau of Investigation criminal history record on the controlling person. | | | | | |
| OW | NER INFORMATION | | | | | |
| 17 | 17. Enter the following information about <i>each</i> person who has any ownership interest in the company as a principal, partner, officer, director or trustee. If the business has more owners than you can list here, you may copy this page or enclose a separate sheet listing the required information for each additional owner. | | | | | |
| | OWNER | | | | | |
| | Full Name: | | | | | |
| | Official Canacity (check one): | | | | | |
| | Official Capacity (check <u>one</u>): Principal Partner Officer Director Trustee Does this person own more than 10% of the company? Yes No If no, continue entering the following information about this person. If no, continue with the next owner. | | | | | |
| | Title: | | | | | |
| | Business Address: | | | | | |
| | Residence Address: | | | | | |
| | Phone: Email: | | | | | |
| L | | | | | | |
| | OWNER | | | | | |
| | Full Name: | | | | | |
| | Official Capacity (check one): Principal Partner Officer Director Trustee | | | | | |
| | Does this person own more than 10% of the company? Yes \(\square\) No \(\square\) If no, continue entering the following information about this person. If no, continue with the next owner. | | | | | |
| | Title: | | | | | |
| | Business Address: | | | | | |
| | Residence Address: | | | | | |
| | Phone: Email: | | | | | |

| | OWNER | | | | | |
|------|---|--|------------------------|--|--|--|
| | Full Name: | | | | | |
| | | | | | | |
| | | ne): Principal Partner | | | | |
| | | e than 10% of the company? son. If no, continue with the n | | continue entering the following | | |
| Т | itle: | | | | | |
| E | Business Address: | | | | | |
| F | Residence Address: | | | | | |
| F | Phone: | Ema | ail: | | | |
| INSI | record. Those who own | less than 10% are not requi | red to provide a crimi | u of Investigation criminal history nal history record. | | |
| | • • | e a surety bond of at least \$20 | | | | |
| | Arrange for the Council | office to receive proof of a | surety bond in the am | ount of at least \$20,000. | | |
| LICE | ENSURE DISCLOSURE | | | | | |
| 19 | jurisdiction (state, U.S. to | |)? Yes □ No □ If ye | raisal management services in any es, enter the following information about rith the same information. | | |
| | JURISDICTION | LICENSE NUMBER | ISSUE DATE | STATUS (current or expired) | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Arrange for the Council office to receive a license verification from <i>each</i> jurisdiction listed above, sent directly from the jurisdiction to the Board office. | | | | | |
| 20. | 20. Has the company received any administrative penalties regarding its business as an appraisal management company, 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 its professional conduct and practice, including any voluntary surrender of a license? Yes No If yes, submit a detailed explanation. Include copies of all appropriate records. | | | | | |
| 21. | 21. Are any unresolved complaints pending against the company in any jurisdiction? Yes \(\subseteq \text{No } \subseteq \text{ If yes, submit a complete explanation. Include copies of all appropriate records.} | | | | | |

CERTIFICATIONS

| 22. | Do you certify that the company has a system and process in place to verify that a person being added to the appraiser panel for the company's appraisal management services in Delaware holds a Delaware license or certification in good standing? Yes \(\subseteq \) No \(\subseteq \) |
|-----|---|
| 23. | Do you certify that the company has a system in place to review the work of all independent appraisers who are performing real property appraisal services for the company on a periodic basis to confirm that the services are being conducted in accordance with Uniform Standards of Professional Appraisal Practice? Yes \(\) No \(\) |
| 24. | Do you certify that the company maintains a detailed record of each service request that the company receives and the independent appraiser who performs the real property appraisal services for the company? Yes \(\subseteq \) No \(\subseteq \) |
| | Do you certify that the company has system in place to train those who select individual appraisers for real property services in Delaware to ensure that the selectors are appropriately trained to place appraisal assignments? Yes \(\sqrt{No} \sqrt{\sqrt{\sqrt{No}}} \) |
| 26. | Do you certify that any and all employees of an appraisal management company that perform an appraisal review shall have demonstrated knowledge of the Uniform Standards of Professional Appraisal Practice and hold a valid appraiser license or certification in Delaware or any state? Yes \(\subseteq\) No \(\subseteq\) |
| 27. | Do you understand that an appraisal management company registered in Delaware is not permitted to enter into contracts or agreements with an independent appraiser to perform real property appraisal services in Delaware unless that person is licensed or certified in good standing in Delaware? Yes \(\square \) No \(\square \) |
| 28. | Do you understand that the appraisal management company is not allowed to prohibit an appraiser from reporting the fee paid to the appraiser in the appraisal report? Yes \(\sqrt{No} \sqrt{\sqrt{No}} \sqrt{\sqrt{No}} \sqrt{\sqrt{No}} \sqrt{\sqrt{No}} \sqrt{\sqrt{No}} |
| 29. | Do you understand that any employee, director, officer or agent of a Delaware-registered appraisal management company is not allowed to influence or to try to influence the development, reporting or review of an appraisal through coercion, extortion, collusion, compensation, inducement, intimidation, bribery or any other manner? Yes \square No \square |
| 30. | Do you understand that an appraisal fee offered or paid may not be based on the predetermined appraised value or range of appraised value of the subject property or the amount of the transaction price? Yes \(\subseteq \) No \(\subseteq \) |
| 31. | Except in cases of breach of contract or substandard performance of services, each appraisal management company must pay an independent appraiser for completed appraisal or valuation assignments within 45 days after the date on which the independent appraiser transmits or otherwise provides the completed appraisal or valuation study to the company or its assignee. Do you understand this payment requirement? Yes \(\sigma\) No \(\sigma\) |
| 32. | Do you understand that an appraisal management company is not permitted to alter, modify, revise or otherwise change a completed appraisal report submitted by an independent appraiser, including removing the signature of the appraiser? Yes \square No \square |
| 33. | Do you understand that an appraisal management company is not allowed to use an appraisal report submitted by an independent appraiser for any purpose other than the intended use stated in the report? Yes \(\subseteq \) No \(\subseteq \) |

| appraiser panel or to other | appraisal management company is no wise refuse to assign requests for real the appraiser in writing of the reasons | property appraisal servic | es to an independent |
|---|--|--|--|
| later than 4:15 p.m. ten fu | of an application at a meeting, the Co Il working days (excluding state and Il and notarized application form, inc | federal Holidays) befor | e the meeting date: |
| | documentation, including criminal h | istory reports | |
| | complete within 12 months of filing r complete, please allow 4-6 weeks to | | ndoned and discarded. |
| | | | |
| | | | |
| | | | |
| | AFFIDAVIT | | |
| company is his/her act and deed ownership of the business chan | , does depose and say that this applica d and that the facts stated herein are tr ges. The applicant agrees to notify the ithin ten days of any change in the con | ue. The applicant agrees Council in writing, by filir | to notify the Council if the graph the appropriate |
| Applicant Signature: | | | Date: |
| corporation, the person who sig | torship, the person who signs this form ns this form must be a director of the co person who signs this form must be a | orporation. If the busines | |
| County of | State of | | |
| Sworn or affirmed befor | e me a Notary Public this | day of | , 2 |
| | Notary Signature: | | |
| SEAL | My commission expire | es on: | |
| | | | |
| | | | |

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED.



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CERTIFICATE OF INDIVIDUAL ASSOCIATED WITH APPRAISAL MANAGEMENT COMPANY

| ſ | 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 • an owner of an appraisal management company. □ Submit a completed, signed and notarized Certificate of Individual form. □ Arrange for the Council office to receive State of Delaware and Federal Bureau of Investigation criminal background checks | | | | |
| Ĺ | using the Instructions for Requesting a Criminal Background | Check form in the application. | | | |
| IDE | DENTIFYING AND CONTACT INFORMATION | | | | |
| 1. | Name of Appraisal Management Company: | | | | |
| 2. | Your Full Name: First Middle | tast | Suffix | | |
| 3. | . Your Title: | | | | |
| 4. | . Official Capacity (check <u>one</u>): ☐ Controlling Person ☐ Pr | incipal | ☐ Director ☐ Trustee | | |
| 5. | Other Names Used: Include names such as aliases, maid | en name, former married names, alternate | e 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, you must file a <u>Request for Exemption from Social Security Number Requirement</u> . | | | | |
| Ŗ | The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 <i>Del. C.</i> §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 <i>Del. C.</i> §2216) and for other lawful purposes. | | | | |
| 8. | . Residence Address: | | | | |
| | Street Address - No PO Box! | | | | |
| | City | State | Zip | | |
| 9. | . Business <i>Physical</i> Address: | | | | |
| | | Street Address - No PO Box | | | |
| | City | State | Zip | | |
| 10. | 0. Phone: Email: | | | | |

Notice to Appraisal Management Company Owners and Controlling Person

No person who owns 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.

DISCLOSURES

| 11. Have you ever had any financia canceled, revoked or voluntarily Columbia), unless such license submit a signed statement ex | surrendered in Delaware or in or certificate was subsequently | any other jurisdiction (state | e, U.S. territory or District of | | |
|--|---|--|--|--|--|
| 12. Have you ever received any address or certificate in any jurisdiction, payment of fees), probationary Board on your professional concepts, submit a detailed explanation. | such as fines, formal reprimand imitations, or been a party to a duct and practice, including any | ls, license suspension or re 'consent agreement' conta voluntary surrender of a li | evocation (except for non- ining conditions placed by a | | |
| | 3. Are any unresolved complaints pending against you in any jurisdiction? Yes \(\subseteq \text{No } \subseteq \text{ If yes, submit a complete explanation. Include copies of all appropriate records.} | | | | |
| | 4. Do you currently, or did within the past two years, excessively use or abuse any drugs or alcohol? Yes \(\subseteq \) No \(\subseteq \) If yes, submit a signed statement explaining fully. | | | | |
| DUTY TO REPORT | | | | | |
| 15. As an owner 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 No notify the Council office <i>in writing</i> within ten days if the controlling person changes? Yes No notify the Council office <i>in writing</i> 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 No notify the Council office <i>in writing</i> 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 No | | | | | |
| The individual named above, being management company named above. | | | | | |
| Owner or Controlling Person Signature | gnature: | | Date: | | |
| County of | State of | | | | |
| Sworn or affirmed before m | e a Notary Public this | day of | | | |
| | Notary Signature: | | | | |
| SEAL | My commission ex | onires on | | | |

FORMS THAT ARE UNSIGNED, NOT NOTARIZED, OR INCOMPLETE WILL BE REJECTED.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See <u>Title 28</u>, <u>CFR 16.34</u> for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification Blue Hen Mall & Corporate Center 655 S. Bay Rd. Suite 1B Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two 100 LaGrange Ave Newark, DE 19702 (between Rts. 72 and 896 on Rt. 40) *By appointment only* Scheduling: (302) 739-2528 (local) (800) 464-4357 (toll free)

<u>Sussex County – Satellite Facility</u>

Thurman Adams State Service Center 546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)

By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

- 1. If you are using the New Castle County or Sussex County locations, call (800) 464-HELP (4357) to schedule an appointment. No appointments are needed at the Kent County location.
- 2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. *Personal checks are not accepted in any county*. As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

- 1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a <u>FD-258</u> <u>fingerprint form</u> available on the FBI website at <u>www.fbi.gov</u> click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form* (FD-258). You may print the form on regular paper.
- 2. Your *Authorization for Release of Information* form and the fingerprint card must be <u>complete</u>. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form <u>will be returned</u>.
- 3. *Mail* the *Authorization* form, fingerprint card, and *certified* check or money order (*personal checks are <u>not accepted</u>*) for \$65.00 made payable to "Delaware State Police" to:

Delaware State Police State Bureau of Identification (SBI) PO Box 430 Dover, DE 19903-0430

DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.

DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.

⇒ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.



Cannon Building 861 Silver Lake Blvd., Suite 203 Dover, Delaware 19904-2467

STATE OF DELAWARE

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AUTHORIZATION FOR RELEASE OF INFORMATION

CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

| Check the type of license for which | you are applying: | | |
|--|---|---|---|
| Adult Entertainment | Mental Health (LPCMH, LCDP, LPAT, LAAT) | LMFT, LACMH, LAMFT, | ☐ Physical Therapy/Athletic Trainer |
| ☐ Charitable Gaming Vendor | ☐ Nursing (RN, LPN, APRN) | | Podiatry |
| Chiropractic | ☐ Nursing Home Administrator | | Psychology |
| ☐ Dental | Occupational Therapy | | Real Estate Appraiser (includes Appraisal Management Company) |
| ☐ Funeral | Optometry | | Speech/Hearing |
| Massage | Pharmacy (includes key personnel of Pharmacy) | of facilities licensed by Board | Social Work |
| Medical (Physicians (MD, DO and Admi Practitioners, Eastern Medicine Practitioner Midwifery Practitioners (CM, CPM)) | | | ☐ Texas Hold'em Individual |
| Print your current full name: | | | |
| Last Name | First Name | Middle Initial | Suffix (e.g., Jr., Sr.) |
| | ed in the past (including, but not | · | |
| | | | |
| | | | |
| As an applicant, I authorize release o INFORMATION . I hereby release y result from furnishing this information | ou, your organization, the State o | | IMINAL HISTORY RECORD om any liability or damage which may |
| SIGNATURE OF PERSON PRINT | ГЕD: | | Date: |
| Phone: Home | Work | | |
| Mail the results of my criminal history request to: | | Division of Professiona 861 Silver Lake Boulev Dover DE 19904 | |

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/about-us/cjis/background-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).