

**MONTANA BOARD OF REAL ESTATE APPRAISERS**

301 SOUTH PARK, 4<sup>TH</sup> FLOOR - Delivery

P. O. Box 200513

Helena, Montana 59620-0513

(406) 841 -2300 FAX (406) 841-2323

E-MAIL: [dlibsrea@mt.gov](mailto:dlibsrea@mt.gov)

WEBSITE: [www.realestateappraiser.mt.gov](http://www.realestateappraiser.mt.gov)

**Appraisal Management Company (AMC) Application**

**GENERAL INFORMATION**

- All applications are considered non-routine and will be seen by the Board at the next scheduled meeting.
- AMC's are required to be registered based on the following: "Appraisal management company" means, in connection with valuation of properties collateralizing mortgage loans or mortgages incorporated into a securitization, an external third party, authorized either by a creditor of a consumer credit transaction secured by a consumer's principal dwelling or by an underwriter of or other principal in the secondary mortgage markets, that oversees a network or panel of more than 15 certified or licensed appraisers in this state or 25 or more nationally within a given year. For exemptions please visit [www.sos.mt.gov.ourMCAS](http://www.sos.mt.gov.ourMCAS)
- Please review the Montana laws and rules regarding the practice of Appraisal Management Companies" in Montana.
- If a registration process is not in effect on November 14, 2011, an appraisal management company already conducting business in this state may continue to conduct business in accordance with this chapter until 120 days after a registration process becomes available. Upon expiration of the 120-day period, the appraisal management company must be registered as required by this chapter in order to continue to provide or offer to provide appraisal management services in this state.

**REGISTRATION REQUIREMENTS**

Applications for registration as an AMC in Montana must:

- Be made on forms prescribed by the department and approved by the board;
- Be accompanied by the appropriate fees;
- The name of the person seeking registration and the fictitious name or names, if any, under which the person does business in any state;
- The business address of the person seeking registration;
- The phone contact information of the person seeking registration;
- If the appraisal management company is not a corporation domiciled in this state, the name and contact information for the company's designated contact for service of process in this state;
- The name, address, and contact information for one controlling person within the appraisal management company;
- A certification that the person has a system and process in place to verify that an individual holds a license in good standing in this state pursuant to 37-54-202 if a license or certification is required to perform appraisal assignments;
- A certification that the person requires appraisers completing appraisal assignments at its request to comply with the Uniform Standards of Professional Appraisal Practice, including the requirements for geographic and product competence;
- A certification that the person has a system in place to verify that only licensed or certified appraisers are used for federally related transactions;
- A certification that the person has a system in place to require that appraisals are conducted independently and free from inappropriate influence and coercion as required by the appraisal independence standards established under section 129E of the Truth in Lending Act of 1968, 15U.S.C. 1601, etseq., including the requirement that the fee appraisers be compensated at a customary and

reasonable rate when the appraisal management company is providing services for a consumer credit transaction secured by the principal dwelling of a consumer;

- A certification that the person maintains a detailed record of each service request that it receives and the appraiser that performs the appraisal service for the appraisal management company;
- An irrevocable uniform consent to service of process; and
- Any other information required by the board that is reasonably necessary to implement this chapter.

## **FEES**

AMC Application Fee: \$ 2,000.00

Make check or money order payable to the Montana Board of Real Estate Appraisers

## **REQUIRED DOCUMENTS**

The following documents must be submitted to the Board office in order to complete this application. Please make 8 ½" x 11" copies of the following and submit with your application. NOTE: Any document that is not in English must be accompanied by certified translations.

- Completed AMC registration application with fees, including list of current panel members and owner information forms.
- Proof of registration with Montana Secretary of State
- Provide a current list of panel members.

## **APPLICATION PROCEDURES**

- When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if applicant is required to appear before the Board for an interview.
- All application are considered non-routine by the board and required board require board review at a regularly scheduled meeting.
- All verifications of licensure/registration must be sent directly from each state board in which the AMC is currently or has ever been licensed or registered. Please make copies of the attached verification request form as needed. Some states may charge a fee for verifications. Contact each state board prior to sending the request.
- Keep the Board office informed at all times of any address changes, changes in registration status and complaints or proposed disciplinary action against all owners and panel members. This is essential for timely processing of applications and subsequent registration.
- The contact person will be notified in writing of any deficient or missing items from the application file.
- Once a routine application is processed and approved a permanent license will be issued.

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**Appraisal Management Company (AMC) Application**

1. CONTACT PERSON NAME: \_\_\_\_\_  
Last First Middle

2. OTHER NAME(S) KNOWN BY \_\_\_\_\_

3. STATE LICENSE IS HELD IN \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

4. BUSINESS NAME \_\_\_\_\_

5. BUSINESS PHYSICAL ADDRESS \_\_\_\_\_  
Street City and State Zip

6. BUSINESS MAILING ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip

7. CONTACT PERSON E-MAIL \_\_\_\_\_

8. TELEPHONE (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Business Fax Contact Person

9. BUSINESS EIN / TAX ID \_\_\_\_\_ Estimated # of Appraisals in 1yr \_\_\_\_\_

10. BUSINESS NAME \_\_\_\_\_  
(State the business name as it should appear on the license if granted.)

**CONTROLLING PERSON INFORMATION**

[ ] If same as contact person check box.

11. CONTROLLING PERSON NAME: \_\_\_\_\_  
Last First Middle

12. MAILING ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip

13. TELEPHONE (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**COMPANY'S DESIGNATED CONTACT FOR SERVICE OF PROCESS IN THIS STATE**

[ ] If same as contact person check box.

14. NAME: \_\_\_\_\_  
Last First Middle

15. MAILING ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip

16. TELEPHONE ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**STATES THE AMC IS OR HAS EVER BEEN LICENSED OR REGISTERED:**

List all state the AMC is or has ever been license or registered. License/Registration verification must be sent directly to Montana from each state/province/territory. (Attach additional pages if necessary)

State	License / Registration #	License Type	Issue Date	Expiration Date	Registered contact person with corresponding State	Requested State Verification
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

**CORPORATE OFFICERS / MANAGERS/MEMBERS OF A LIMITED LIABILITY COMPANY (LLC)**

List all corporate officers or managers/members of an LLC and the percentage of the company owned. **10%??**  
 (Attach additional pages if necessary)

Name	Title	Percent Owned

**DISCIPLINARY QUESTIONS:**

Please read carefully & answer questions completely and truthfully, it may affect your licensure.

Has the AMC ever had an application for registration/licensure refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

Has the AMC ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

Has a licensing agency initiated or completed disciplinary action against any registration/license the AMC has held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.

Yes  No

Has the AMC ever voluntarily surrendered, cancelled, forfeited, failed to renew a registration/license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes  No

Has a complaint ever been made against the AMC with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes  No

Have any civil legal proceedings been filed against the AMC by a client, former client or employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.

Yes  No

Does the AMC have any criminal charges pending or have you ever pled guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or have you pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, attach a detailed explanation and documentation from the source. You must report but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than \$100; and (2) charges or convictions prior to your 18th birthday unless you were tried as an adult.

Yes  No

\_\_\_\_\_  
Legal Signature of Controlling Person

\_\_\_\_\_  
Date

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**DISCIPLINARY QUESTIONS & AFFIDAVIT**

Make copies as needed for each person

Please mark one:  Contact Person  Controlling Person  
 Corporate Officer  Manager/Member of LLC

- 1. NAME: \_\_\_\_\_  
Last First Middle
- 2. MAILING ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip
- 3. TELEPHONE (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**DISCIPLINARY QUESTIONS:**

Please read carefully & answer questions completely and truthfully, it may affect your licensure.

Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.  Yes  No

Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes  No

Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your professional or occupation? If yes, please attach a detailed explanation and provide documentation from the source.

Yes  No

Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source.

Yes  No

Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source.

Yes  No

Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.

Yes  No

Do you have any criminal charges pending or have you ever pled guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or have you pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, attach a detailed explanation and documentation from the source. You must report but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than \$100; and (2) charges or convictions prior to your 18th birthday unless you were tried as an adult.

Yes  No

Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.

Yes  No

Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.

Yes  No

Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source.

Yes  No

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Real Estate Appraisers.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

\_\_\_\_\_  
Legal Signature

\_\_\_\_\_  
Date

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**IRREVOCABLE CONSENT TO SERVICE OF PROCESS**

The undersigned applicant for a license to engage in the business of an Appraisal Management Company in the state of Montana, being a non-resident of said state, hereby irrevocable consents that suits and actions may be commenced against \_\_\_\_\_ in any county of the state of Montana in which the plaintiff, having a cause of action or suit, may reside, and further consents that two duplicate copies of such process or pleading to the Secretary of State of the state of Montana, and further consents that such service when so made shall be taken and held in all courts to be as valid and binding upon the applicant as if in fact made upon said applicant in the state of Montana within the jurisdiction of the court in which said suit or action is filed.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Controlling Person

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before

\_\_\_\_\_, a Notary Public for the state of

\_\_\_\_\_ personally appeared \_\_\_\_\_.

Known to me to be the person whose name subscribed to the within and foregoing instrument and acknowledged to me that s/he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the notarial seal of my office the day and year in this certificate first above written.

S  
E  
A  
L

\_\_\_\_\_  
Notary Public

State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**VERIFICATION OF LICENSURE**

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH THIS BUSINESS IS OR HAS EVER BEEN LICENSED AND/OR REGISTERED TO PRACTICE AS AN APPRAISAL MANAGEMENT COMPANY. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

\_\_\_\_\_ (Business Name) is applying for registration to practice as an Appraisal Management Company in the State of Montana. The Board of Real Estate Appraisers requires this form to be completed by each state wherein the above business named holds or has ever held a license or registration as an appraisal management company. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF REAL ESTATE APPRAISERS, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated.

\_\_\_\_\_  
(Signature) Name: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_

License Number is: \_\_\_\_\_

**DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF REAL ESTATE APPRAISERS.**

State of: \_\_\_\_\_

Full Name of AMC: \_\_\_\_\_

Registration/License No: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Registration/License is current? \_\_\_\_\_ If NO, explain: \_\_\_\_\_

Has registration/license been suspended, revoked, placed on probation or otherwise disciplined? \_\_\_\_\_

If YES, explain and attach documentation \_\_\_\_\_

Has the above named business been requested to appear before your Board? \_\_\_\_\_

If YES, explain \_\_\_\_\_

Derogatory information, if any \_\_\_\_\_

Comments, if any \_\_\_\_\_

**BOARD SEAL**

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

State Board: \_\_\_\_\_ Date: \_\_\_\_\_

