

**MONTANA BOARD OF REAL ESTATE APPRAISERS**  
301 SOUTH PARK, 4<sup>TH</sup> FLOOR - Delivery  
P. O. Box 200513  
Helena, Montana 59620-0513  
(406) 444-6880 FAX (406) 841-2305  
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**

- 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.

**MONTANA BOARD OF REAL ESTATE APPRAISERS**

301 SOUTH PARK, 4<sup>TH</sup> FLOOR - Delivery  
P. O. Box 200513  
Helena, Montana 59620-0513  
(406) 444-6880 FAX (406) 841-2305  
E-MAIL: [dlibsrea@mt.gov](mailto:dlibsrea@mt.gov)  
WEBSITE: [www.realestateappraiser.mt.gov](http://www.realestateappraiser.mt.gov)

**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	
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	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

**PERSONAL HISTORY QUESTIONS  
 IMPORTANT INSTRUCTIONS AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.
- [Business Entities only] "You" in these instructions and questions refers to individuals authorized to answer questions on behalf of the facility, organization, or entity applying for licensure and not personally to the individuals.

### PERSONAL HISTORY QUESTIONS

- |   |     |    |
|---|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?   | Yes | No |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?  | Yes | No |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position?  | Yes | No |
| 5. Have you ever withdrawn an application for any professional license?   | Yes | No |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold?  | Yes | No |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?)  | Yes | No |

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

- |  |     |    |
|--|-----|----|
| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?                                 | Yes | No |

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

- |   |     |    |
|---|-----|----|
| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? | Yes | No |
| 11. Are you now subject to criminal prosecution or pending criminal charges?  | Yes | No |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?   | Yes | No |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?  | Yes | No |
| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?   | Yes | No |

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

\_\_\_\_\_  
Date



"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

- |   |     |    |
|---|-----|----|
| 11. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 12. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?                                 | Yes | No |

The following information is provided for Question 13 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

- |   |     |    |
|---|-----|----|
| 13. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? | Yes | No |
| 14. Are you now subject to criminal prosecution or pending criminal charges?  | Yes | No |
| 15. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?   | Yes | No |
| 16. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?  | Yes | No |
| 17. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?   | 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

**MONTANA BOARD OF REAL ESTATE APPRAISERS**  
301 SOUTH PARK, 4<sup>TH</sup> FLOOR - Delivery  
P. O. Box 200513  
Helena, Montana 59620-0513  
(406) 444-4773 FAX (406) 841-2305  
E-MAIL: [dlibsirea@mt.gov](mailto:dlibsirea@mt.gov)  
WEBSITE: [www.realestateappraiser.mt.gov](http://www.realestateappraiser.mt.gov)  
**Appraisal Management Company (AMC) Application**

By my signature below, I certify the Appraisal Management Company has, as required by 37-54-501(2), MCA, the following:

- 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;
- 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 system in place to verify that only licensed or certified appraisers are used for federally related transactions;
- 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, et seq., 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; and
- maintains a detailed record of each service request that it receives and the appraiser that performs the appraisal service for the appraisal management company;

---

Legal Signature of Controlling Person

---

Date

**MONTANA BOARD OF REAL ESTATE APPRAISERS**

301 So Park Ave, 4th Floor

PO Box 200513

Helena MT 59620-0513

Phone: (406) 444-4773 Fax: (406) 841-2305

E-MAIL: [dlibsirea@mt.gov](mailto:dlibsirea@mt.gov) WEBSITE: <http://www.realestateappraiser.mt.gov>

**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: \_\_\_\_\_

