



**NORTH CAROLINA
APPRAISAL BOARD**

5830 Six Forks Road
Raleigh, NC 27609
919-870-4854

Website: www.ncappraisalboard.org

Email: ncab@ncab.org

NUMBER

CHAR: A ____ N/A ____ BY ____

DATE

Amt Rec

Trans#

APPLICATION FOR APPRAISAL MANAGEMENT COMPANY REGISTRATION

TYPE OR PRINT CLEARLY IN INK. The application fee is **\$3500**, NON-REFUNDABLE, and payable only by cashier or certified check to the NC Appraisal Board. All other forms of payment will be returned.

1 Company's Legal Name:

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2 Name under which Company will do business in North Carolina:

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3 Contact person for application:

Name	Title	Email
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4 Main Address of Company:

Street Address		County	
City	State	Zip	
PO Box (if applicable)	City	State	Zip
Telephone	Fax	Email	

☐ Send mail to Post Office Box

5 If company is not domiciled in North Carolina, contact information for company's agent for service of process:

Name			
Street Address		County	
City	State	Zip	
Telephone	Fax	Email	

6

Name of Compliance Manager:

7

Legal Structure of Company:

Domestic Corporation
Partnership*
Limited Partnership
Sole Proprietor

☐
☐
☐
☐

Foreign Corporation
Foreign LLC
Other**

☐
☐
☐

*If general partnership, attach copy of written partnership agreement.

**If other type of entity, attach copy of organizational documents.

8

Employer Identification Number or Social Security Number:

9

North Carolina Secretary of State Identification Number, if required:

10

Indicate below if you are registered as an appraisal management company in any other state:

State	Regis. No.	From (Mo/Yr)	To (Mo/Yr)
State	Regis. No.	From (Mo/Yr)	To (Mo/Yr)
State	Regis. No.	From (Mo/Yr)	To (Mo/Yr)

11

Complete Attachment A; the name, address and contact information for any individual or business entity that directly or indirectly owns ten percent (10%) or more of the Company.

Appraiser panel means the AMC's network, list, or roster of licensed or certified appraisers approved by the AMC to perform appraisals as independent contractors for the AMC. Appraisers on the AMC's "appraiser panel" include both appraisers accepted by the AMC for consideration for future appraisal assignments in covered transactions or for secondary mortgage market participants in connection with covered transactions and appraisers engaged by the AMC to perform one or more appraisals in covered transactions or for secondary mortgage market participants in connection with covered transactions.

Operating Type (select one):

_____ Since State (panel of at least 16 panel appraisers licensed or certified in North Carolina)

_____ Multi-State (panel of 25 or more panel appraisers in two or more States)

12

In order to qualify for the AMC National Registry: If operating only in NC, you must have at least 16 panel appraisers licensed or certified in North Carolina **OR** if operating in multiple states, you must have at least 25 appraisers nationwide.

(1) Provide the total number of appraisers on the Company's appraiser panel in North Carolina.

(2) Provide the total number of appraisers on the Company's appraiser panel nationwide.

CHARACTER

13

Regarding Professional Licenses

- | | Yes | No |
|--|--------------------------|--------------------------|
| (1) Has any disciplinary action ever been taken against this applicant (AMC)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Has any owner direct or indirect of this applicant ever had an appraisal license refused, denied, suspended, cancelled, surrendered in lieu of revocation or revoked by the State of North Carolina or any other state? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Are there currently any charges pending against any owner direct or indirect in connection with an appraiser license in North Carolina or any other state? | <input type="checkbox"/> | <input type="checkbox"/> |

*If any of the answers are "yes", provide a copy of the licensing agency's order, any other documentation regarding the case, including the effective date of the disciplinary action, whether the applicant has complied, **and a complete written explanation for each matter.***

Regarding Criminal Offenses

- | | Yes | No |
|--|--------------------------|--------------------------|
| (1) Has any owner direct or indirect listed in Attachment A of this application ever been convicted of or pleaded guilty or no contest to any criminal offense in North Carolina or in any other state? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Are there currently any criminal charges now pending against any owner direct or indirect listed in Attachment A of this application in North Carolina or in any other state? | <input type="checkbox"/> | <input type="checkbox"/> |

If either of the answers are "yes", provide a copy of the court judgment and a release from probation or parole, if appropriate.

"Criminal offenses" and "criminal charges" include all criminal matters except speeding or parking violations. It DOES include driving while under the influence of alcohol or drugs. If you believe a charge has been erased or expunged, you must check with the appropriate court before completing this section.

All owners listed in Attachment A must provide a criminal background check obtained from www.CastleBranch.com. Package Code: NG97

14

List any other names under which you do business in North Carolina. Attach a copy of the Certificate of Assumed Name filed for each name in each County Register of Deeds Office in compliance with N.C.G.S. 66-68.

Name _____ County _____

Name _____ County _____

15

CERTIFICATIONS:

- (1) I certify that this Appraisal Management Company has a system and process in place to verify that a person being added to the appraiser panel of the appraisal management company holds a license in good standing in this State pursuant to the North Carolina Appraisers Act if a license or certification is required to perform appraisals.
- (2) I certify that this Appraisal Management Company has a system in place to require that appraisers inform the appraisal management company of their areas of geographic competency, the types of properties the appraiser is competent to appraise, and the methodologies the appraiser is competent to perform.
- (3) I certify that this Appraisal Management Company has a system in place to review the work of all independent appraisers that are performing real estate appraisal services for the appraisal management company on a periodic basis to validate

that the real estate appraisal services are being conducted in accordance with the Uniform Standards of Professional Appraisal Practice.

- (4) I certify that this Appraisal Management Company has a dispute resolution process that allows users of the appraisal report to request that the appraiser consider additional property information, provide further detail, substantiation, or explanation for the appraiser's value conclusion, or to correct errors in an appraisal report.
- (5) I certify that this Appraisal Management Company maintains a detailed record of each service request that it receives and the independent appraiser that performs the residential real estate appraisal services for the appraisal management company.
- (6) I certify that this Appraisal Management Company has a surety bond in the amount of \$25,000 to secure compliance with N.C.G.S. §93E-2-4(g) that will accrue to the North Carolina Appraisal Board for the benefit of a claimant against the registrant to secure the faithful performance of the registrant's obligations and to a real estate appraiser who has performed an appraisal for the registrant for which the appraiser has not been paid.

16

ATTACHMENTS

I have attached the following:

- (1) A description of each of the systems in Paragraphs (1), (2), (3) and (4) above.
- (2) Attachment A, the name, address, and contact information for any individual or business entity that directly or indirectly owns ten percent (10%) or more of the Appraisal Management Company.
- (3) Attachment B, the name, address, and contact information for all officers and directors.
- (4) A consent to service of process, if applicable.
- (5) A copy of the written partnership agreement, if applicable.
- (6) A copy of the organizational documents, if applicable.
- (7) All required criminal background checks.
- (8) The Appraisal Management Company Registration Bond.
- (9) Compliance Manager Application

17

Have any of the people mentioned in this application ever been associated with an AMC registered in North Carolina or any other state either as an owner, director, officer or compliance manager? Yes _____ No _____

If yes, please provide the following: Name/registration number of AMC _____

Name of person associated with the AMC _____

Position with that AMC _____

PUBLIC NOTICE STATEMENT required by N.C. Gen. Stat. §143-764(a)(5), effective December 31, 2017

Any worker who is defined as an employee by N.C. Gen. Stat. §§95-25.2(4) (NC Department Of Labor), 143-762(a)(3) (Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act), 97-2(2) (Workers' Compensation Act), or 105-163.1(4) (Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor.

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105 or 143 of the General Statutes by misclassifying an employee as an independent contractor. Employees who believe that they have been misclassified as an independent contractor by an employer may report the suspected misclassification to the Employee Classification Section within the Industrial Commission. In making such a report, the employee shall provide the physical location, mailing address, telephone number, and e-mail address where the alleged incidents of employee misclassification occurred. The report shall be sent to the Employee Misclassification Section within the Industrial Commission.

Contact information for the Employee Misclassification Section:

Employee Classification Section
North Carolina Industrial Commission
1233 Mail Service Center
Raleigh, NC 27699-1233
E-mail: emp.classification@ic.nc.gov
Telephone: (919) 807-2582
Fax: (919) 715-0282

THIS AFFIDAVIT IS TO BE EXECUTED BY APPLICANT BEFORE A NOTARY PUBLIC:

The undersigned, in making this application to the North Carolina Appraisal Board for registration as an Appraisal Management Company under the provisions of Chapter 93E of the General Statutes of North Carolina swears (or affirms) that he (or she) has been designated by the Appraisal Management Company to make this application on their behalf, and that all information provided in connection with this application, including certifications and attachments, is true to the best of his (or her) knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Board. I also certify that I have read the Public Notice Statement and have disclosed any investigations for employee misclassification and the result of those investigations.

SIGNATURE OF APPLICANT: _____

Printed name: _____ Title: _____

Sworn and subscribed to before me this _____ day of _____ 20_____

(Name of Notary Public, please print)

(Signature of Notary Public)

My Commission expires _____

(AFFIX SEAL)

County _____ State _____

Attachment A - _____ (AMC Name)

(use additional sheets if necessary)

Name, address and contact information for any individual or business entity that directly or indirectly owns ten percent (10%) or more of the Appraisal Management Company.

You must attach a criminal background check for each owner listed.

Name			
Street Address			% of Ownership
City		State	Zip
Telephone	Fax	Email	

Name			
Street Address			% of Ownership
City		State	Zip
Telephone	Fax	Email	

Name			
Street Address			% of Ownership
City		State	Zip
Telephone	Fax	Email	

Name			
Street Address			% of Ownership
City		State	Zip
Telephone	Fax	Email	

Name			
Street Address			% of Ownership
City		State	Zip
Telephone	Fax	Email	

Attachment B _____ (AMC Name)

(use additional sheets if necessary)

Name, address and contact information for all officers and directors

Name		Title	
Street Address			
City		State	Zip
Telephone	Fax		Email

Name		Title	
Street Address			
City		State	Zip
Telephone	Fax		Email

Name		Title	
Street Address			
City		State	Zip
Telephone	Fax		Email

Name		Title	
Street Address			
City		State	Zip
Telephone	Fax		Email

Name		Title	
Street Address			
City		State	Zip
Telephone	Fax		Email