

# 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 over ten percent (10%) 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	