

APPRAISAL MANAGEMENT COMPANY

Statement of Ownership

List below any individual, corporation, partnership, or other business entity that owns 10% or more of the appraisal management applicant. *Make additional copies of this page, if necessary.*

NOTE: A background investigation will be completed for any individual who owns more than 10% of the applicant company.

Legal Name (Company or First, Middle, Last)			MI License Number (if applicable)	
Street Address			City	
State	ZIP Code	Telephone Number	E-mail Address	
Have you ever had an appraisal license or certificate to act as an appraiser refused, denied, canceled or revoked?				
Yes	No	If yes, was that license or certificate subsequently granted or reinstated?		Yes No
<p>If you answer "yes" to this question, you must complete and submit the Request for Conviction History form AND submit documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license. Documentation may include a certificate of employability, if applicable.</p>				
Have you ever been convicted of, or entered a plea of guilty or nolo contendere to, a felony relating to the practice of appraisal or any crime involving fraud, misrepresentation, or moral turpitude?				
				Yes No
If you have been convicted of, or entered a plea of guilty or nolo contendere to, a felony relating to the practice of appraisal or any crime involving fraud, misrepresentation, or moral turpitude, pursuant to MCL 339.2667 (1)(b)(ii) you cannot be licensed as an Appraisal Management Company for this profession.				
I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to conduct a background investigation.				
_____			_____	
Signature			Date	

Legal Name (Company or First, Middle, Last)			MI License Number (if applicable)	
Street Address			City	
State	ZIP Code	Telephone Number	E-mail Address	
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Signature			Date	