



OKLAHOMA REAL ESTATE APPRAISER BOARD

400 NE 50th St., Oklahoma City, OK 73105-1816
(405) 521-6636, Fax 522-6909
Email: www.reab.oid.ok.gov
Website: reabadmin@oid.ok.gov

APPLICATION FOR CONTROLLING PERSON/OWNER OF APPRAISAL MANAGEMENT COMPANY

COMPLETION OF APPLICATION FORM

Each applicant AMC must furnish this application for each individual listed as a Controlling Officer or Owner of the applicant AMC as a supporting document to the applicant AMC's Application for Registration. All questions on this application must be answered fully and completely as required. The applicant Controlling Person or Owner must complete the Declarations in Section D. In addition, the applicant Controlling Person or Owner must complete and process the Biographical Affidavit in accordance with the instructions contained therein and attach a copy hereto.

SECTION A: APPRAISAL MANAGEMENT COMPANY

- | | |
|---|---------------|
| 1. NAME (Exactly as reported on REA-AMC-01) | 2. FEI NUMBER |
|---|---------------|

SECTION B: CONTROLLING PERSON CONTACT INFORMATION

- | | |
|---------|---|
| 1. NAME | 2. SOCIAL SECURITY NUMBER [56 O.S. § 240.21(A)] |
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Last	First	Middle	Suffix
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3. NAMES PREVIOUSLY USED: Maiden, previously married, previously used, nicknames, etc.

4. MAILING ADDRESS

Address	City	State	ZIP
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- | | |
|------------------------------|-----------------|
| 5. BUSINESS TELEPHONE NUMBER | 6. BUSINESS FAX |
|------------------------------|-----------------|

7. PHYSICAL RESIDENCE ADDRESS

Address	City	State	ZIP
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- | | |
|------------------|------------------|
| 8. EMAIL ADDRESS | 9. DATE OF BIRTH |
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SECTION C: REAL ESTATE APPRAISER CREDENTIALING INFORMATION

1. Do you currently have, or have you ever had, an appraiser credential issued by the Oklahoma Real Estate Appraiser Board? Yes _____ No _____

2. If Yes, please list the certificate number: _____

3. Do you currently have, or have you ever had, an appraiser credential issued by any other appraiser credentialing jurisdiction? Yes _____ No _____

4. If Yes, please list the jurisdiction and certificate number: _____

If more than one jurisdiction, please attach a list of jurisdictions and certificate numbers.

If the answer to Question 3 is "Yes", attach an **original** Certificate of Licensure History not more than 30 days old from each jurisdiction outside Oklahoma.

SECTION D: DECLARATIONS

I, _____, a Controlling Person or Owner of the Entity identified in the above and foregoing Section A, being first duly sworn, state and affirm that I have read the within and foregoing application and that the answers supplied herein, including all supporting documents attached, are true and correct to the best of my knowledge and belief. Further, I certify:

1. That I agree individually and on behalf of said Entity to comply with federal and state laws applicable to appraisal management companies, the Oklahoma Appraisal Management Company Regulation Act and the administrative rules promulgated thereunder by the Oklahoma Real Estate Appraiser Board in all conduct under any certificate of registration issued pursuant to this application; and

2. That I understand that an intentional misstatement of any fact required to be disclosed on this application constitutes a violation of the Oklahoma Appraisal Management Company Regulation Act and shall be cause for refusal or revocation of a certificate of registration. I understand and agree that the Oklahoma Real Estate Appraiser Board may conduct any background investigation it should deem necessary including but not limited to verification of any and all information provided herein.

SIGNATURE OF CONTROLLING PERSON

State of: _____

County of: _____

Subscribed and sworn before me this ____ day of _____, 20____.

NOTARY PUBLIC

My Commission expires: _____

My Commission Number is: _____