



**OKLAHOMA REAL ESTATE  
APPRAISER BOARD**

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(405) 521-6636, Fax 522-6909  
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**BIOGRAPHICAL AFFIDAVIT  
TO SUPPORT FORM REA-AMC-02**

**SECTION A: APPRAISAL MANAGEMENT COMPANY**

1. NAME OF ENTITY (Exactly as reported on REA-AMC-01 and AMC-02) \_\_\_\_\_ 2. FEI NUMBER \_\_\_\_\_

In connection with the Application for Registration of the above-named appraisal management company, I herewith make representations and supply information about me as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO", "NONE", OR NOT APPLICABLE ("NA"), SO STATE.

1. NAME \_\_\_\_\_ 2. SOCIAL SECURITY NUMBER [56 O.S. § 240.21(A)] \_\_\_\_\_

\_\_\_\_\_  
Last First Middle Suffix

3. NAMES PREVIOUSLY USED: Maiden, previously married, previously used, nicknames, etc. \_\_\_\_\_

4. MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_  
Address City State ZIP

5. BUSINESS TELEPHONE NUMBER \_\_\_\_\_ 6. BUSINESS FAX \_\_\_\_\_

7. PHYSICAL RESIDENCE ADDRESS \_\_\_\_\_

\_\_\_\_\_  
Address City State ZIP

8. EMAIL ADDRESS \_\_\_\_\_ 9. DATE OF BIRTH \_\_\_\_\_

10. a. Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

- b. Are you a citizen of any other country? Yes \_\_\_\_\_ No \_\_\_\_\_

- c. If so, what country? \_\_\_\_\_

11. Occupation or Profession. \_\_\_\_\_

12. Present or proposed position with the applicant entity. \_\_\_\_\_

13. If an owner of the applicant entity, state the percentage of ownership. \_\_\_\_\_

14. List complete employment record for the past ten (10) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

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Beginning/Ending  
Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

Supervisor / Contact \_\_\_\_\_

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Beginning/Ending  
Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

Supervisor / Contact \_\_\_\_\_

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Beginning/Ending  
Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

Supervisor / Contact \_\_\_\_\_

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Beginning/Ending  
Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

Supervisor / Contact \_\_\_\_\_

15. List any professional, occupational and vocational licenses issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. Attach additional pages if the space provided is insufficient

Organization/Issuer of License \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_ Date Issued (MM/YY) \_\_\_\_\_

Date Expired (MM/YY) \_\_\_\_\_ Reason for Termination \_\_\_\_\_

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Organization /Issuer of License \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_ Date Issued (MM/YY) \_\_\_\_\_

Date Expired (MM/YY) \_\_\_\_\_ Reason for Termination \_\_\_\_\_

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16. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

17. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, the affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? Yes \_\_\_\_\_ No \_\_\_\_\_

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? Yes \_\_\_\_\_ No \_\_\_\_\_

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? Yes \_\_\_\_\_ No \_\_\_\_\_

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? Yes \_\_\_\_\_ No \_\_\_\_\_

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? Yes \_\_\_\_\_ No \_\_\_\_\_

g. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

h. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? Yes \_\_\_\_\_ No \_\_\_\_\_

i. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? Yes \_\_\_\_\_ No \_\_\_\_\_

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

FURTHER THE AFFIANT SAYETH NOT.

## OATH

I hereby certify under penalty of perjury that I am acting on my own behalf and that the above and foregoing statements to include all attachments hereto and any other supporting documents are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Affiant)

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Number

\_\_\_\_\_  
My Commission Expires

## INSTRUCTIONS

This form must be completed by each Controlling Officer and Owner of the AMC applying for registration in Oklahoma. Upon completion, a copy of this form shall be attached to the Form REA-AMC-02 and those two forms shall be attached to the Form REA-AMC-01 for the Applicant Entity.

Oklahoma statutes define "**Controlling person**" as:

a. an owner, officer, manager, or director of a corporation, partnership, firm, association, limited liability company, or other business entity seeking to offer appraisal management services in this state,

**AND**

b. an individual employed, appointed, or authorized by an AMC that has the authority to enter into a contractual relationship with other persons for the performance of appraisal management services and has the authority to enter into agreements with appraisers for the performance of appraisals, or

**AND**

c. an individual who possesses, directly or indirectly, the power to direct or cause the direction of the management or policies of an AMC;

The Applicant Entity shall forward the original Biographical Affidavit to an acceptable third party vendor of the Applicant Entity's choosing with instructions to complete the background investigation and forward the original report of the investigation directly to: Oklahoma Real Estate Appraiser Board, 400 N.E. 50<sup>th</sup> Street, Oklahoma City, OK 73105. The Applicant Entity shall be responsible for payment of the vendor.

Acceptable third party vendors are those listed at the following web address: <https://content.naic.org/industry-ucaa-third-party>. The heading of each independent verification report shall contain the name of the background investigation agency, date of report, name of "Applicant Entity," name of the individual for whom the report is prepared, and the social security number of the individual. The report shall disclose all discrepancies and/or inconsistencies noted, if any.