



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
**DESIGNATION OF CONTROLLING PERSON**

**ATTACHMENT B**

MISSOURI REAL ESTATE APPRAISERS COMMISSION  
PO BOX 1335 • 3605 MISSOURI BOULEVARD  
JEFFERSON CITY MO 65102  
TELEPHONE: 573-751-0038 • FAX: 573-526-3489  
pr.mo.gov/appraisers

An AMC must designate one person as the Designated Controlling Person. The Designated Controlling Person is responsible for ensuring that the AMC operates in compliance with state law.

Designation of the Designated Controlling Person must be made on this form. All items must be completed. If any items is not applicable, indicate "N/A". This application must be completed by the proposed Designated Controlling Person.

AMC NAME

**DESIGNATED CONTROLLING PERSON INFORMATION**

FULL NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER*	DATE OF BIRTH
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MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)

EMAIL ADDRESS	TELEPHONE	FAX
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**APPRAISAL CERTIFICATION(S)**

STATE	LICENSE NO.	<input type="checkbox"/> Certified Residential	<input type="checkbox"/> General
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**REGARDING APPRAISER CERTIFICATION**

Have you ever had any disciplinary action taken against your appraiser certificate in Missouri or any other state or territory?  YES  NO

Are there currently any charges, pending complaints, etc. against you in connection with your appraiser certificate in Missouri or any other state or territory?  YES  NO

*If any of these answers are "yes", provide a copy of the licensing agency order as well as any other documentation regarding the case. You must also provide a complete written explanation regarding the matter.*

**REGARDING CRIMINAL OFFENSES**

Have you ever been convicted of a felony?  YES  NO

Within the past 5 years, have you been convicted of a misdemeanor?  YES  NO

Are there currently any criminal charges pending against you in Missouri or any other state or territory?  YES  NO

*If any of these answers are "yes", provide a copy of the court judgment, arrest warrant or bill of indictment. Include a release from probation or parole if applicable. You must also attach a complete written explanation regarding each charge or conviction.*

*"Criminal Charges" Do not include speeding or parking violations. They DO include driving while under the influence of alcohol or drugs. If you believe a charge has been erased from your record or expunged, you must check with the appropriate course to make sure this has happened.*

Have you ever been known by any other name(s)?  YES  NO

Other Names \_\_\_\_\_

**Designated controlling persons must provide a criminal background check.**

**SIGNATURE OF APPLICANT**

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand any omission or failure to make full disclosure constitutes grounds for denial or withdrawal of my designation of Designated Controlling Person.

<p><b>MUST BE SIGNED IN PRESENCE OF NOTARY</b></p> <p>NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL</p>	<p>APPLICANT'S SIGNATURE</p> <p>▶</p>	<p>APPLICANT PRINTED NAME</p>
	<p>STATE</p>	<p>COUNTY (OR CITY OF ST. LOUIS)</p>
	<p>SUBSCRIBED AND SWORN BEFORE ME, THIS</p> <p>DAY OF YEAR</p>	<p><b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b></p>
	<p>NOTARY PUBLIC SIGNATURE</p> <p>MY COMMISSION EXPIRES</p>	
<p>NOTARY PUBLIC NAME (TYPED OR PRINTED)</p>		

\*You must provide you social security number pursuant to state law. Your social security number may be used for the following purposes: (a to identify you in record keeping and information exchanges with state agencies (Missouri and other states), federal agencies and other data sources; b) to make criminal history checks and to verify all information provided in the application; and c) to the Division of Child Support Enforcement of the Department of Social Services (see attachment). Discovery of false information in the application or discovery of relevant criminal history may result in denial of your application.

**MILITARY BENEFITS/SERVICE**

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?  Yes  No

Would you like to receive information and assistance regarding veterans benefits and services?  Yes  No

May the agency share your contact information with the Missouri Veterans Commission to provide such information?  Yes  No  
General information may also be found at the Missouri Veterans Commission's website <https://mvc.dps.mo.gov/>.