



CONTROL PERSON APPLICATION (OTHER THAN THE DESIGNATED CONTROLLING PERSON)

Please complete a separate application for each control person (all persons owning more than 10% of the Appraisal Management Company.)

CONTROL PERSON		
NAME (FIRST, MIDDLE, LAST)		
DATE OF BIRTH	SOCIAL SECURITY NUMBER*	
ADDRESS (STREET, CITY, STATE ZIP CODE)		
TELEPHONE NUMBER	FAX	E-MAIL

Each controlling person is required to have a background check completed as part of the application.

Have you ever held an appraiser registration, license or certification in any jurisdiction other than Missouri? YES NO

Have you ever had a license or registration of any kind in appraisal, mortgage, real estate, or any other occupation or profession, denied, restricted, suspended, placed on probation or revoked? YES NO

Have you ever resigned, surrendered or allowed a professional registration, license or certificate to expire, while under investigation or while action was pending against you by a government agency? YES NO

Is any investigation or disciplinary action currently pending against you by any government agency? YES NO

Have you ever been convicted of, pled guilty or no contest to, or entered a plea in abeyance or diversion agreement to, a felony or misdemeanor in any jurisdiction? Consult court records to determine the nature of any offenses, including traffic offenses which may be felonies or misdemeanors? YES NO

Have you ever been on probation, or ordered to pay a fine or restitution or complete community service in connection with any criminal offense or licensing action? YES NO

Have you ever had a civil judgment entered against you based on fraud, misrepresentation or deceit? YES NO

Are you 18 years of age or older? YES NO

Yes answers require a detailed letter of explanation and copies of all court documents including charging and judgment documents; court dockets and proof of completion of probation and restitution orders and payment of fines and judgments.

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 a controlling person.

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

*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.