



West Virginia Real Estate Appraiser Licensing and Certification Board

Mail to the following mailing address via USPS only:

PO Box 40267, Charleston, WV 25364

Phone: 304.558.3919

FAX: 304.558.3983

Email: wvappraiserboard@wv.gov

Website: <https://appraiserboard.wv.gov>

WVREALCB Receipt Stamp

AMC OWNER-INFORMATION—PAGE 1

To be submitted with AMC Misc. Request Form

Complete the following for each owner of the Appraisal Management Company. (Use second sheet if necessary.)

Name:		
Physical Address:		
City:	State:	ZIP:
Mailing Address:		
City:	State:	ZIP:
Phone:	Email:	
Percentage of Ownership: _____% ALL OWNERS OF 11% OR MORE OF THE AMC MUST OBTAIN A CRIMINAL BACKGROUND CHECK.		
If an appraiser, list state, license level, and license/certification number of all licenses held. Use blank sheet for additional states if needed.		
State:	License Level:	License/Certification Number:
State:	License Level:	License/Certification Number:
State:	License Level:	License/Certification Number:
State:	License Level:	License/Certification Number:

Name:		
Physical Address:		
City:	State:	ZIP:
Mailing Address:		
City:	State:	ZIP:
Phone:	Email:	
Percentage of Ownership: _____% ALL OWNERS OF 11% OR MORE OF THE AMC MUST OBTAIN A CRIMINAL BACKGROUND CHECK.		
If an appraiser, list state, license level, and license/certification number of all licenses held. Use blank sheet for additional states if needed.		
State:	License Level:	License/Certification Number:
State:	License Level:	License/Certification Number:
State:	License Level:	License/Certification Number:
State:	License Level:	License/Certification Number:

WEST VIRGINIA REAL ESTATE APPRAISER LICENSING AND CERTIFICATION
BOARD APPLICANT AND EACH AMC OWNER —PAGE 2

1. Has any owner (person or firm that employs a person):

Had a license or certificate to act as an appraiser refused, denied, canceled, revoked or surrendered in this state or any other state or any other jurisdiction?

Yes ☐

No ☐

Was the credential reinstated? ☐ Yes ☐ No If "no", AMC does not qualify.

If "yes" to any of the above, provide a copy of the licensing agency's order, any documentation regarding the case, and a complete written explanation of each charge or conviction with the application for Board review and approval.

2. Has the applicant or any owner:

Ever been part of a firm that was permanently or temporarily enjoined by a court of competent jurisdiction from engaging in or continuing any conduct or practice involving appraisals, appraisal management services or operating an appraisal management company?

Yes ☐

No ☐

Ever been the subject of an order of the Board, or any other jurisdiction's appraisal management company regulatory agency that denied or revoked the applicant's or firm's privilege to operate as an appraisal management company?

Yes ☐

No ☐

Ever been associated with a firm acting as an appraisal management company while not being properly registered by the Board?

Yes ☐

No ☐

If "yes" to any of the above, provide a copy of the licensing agency's order, any documentation regarding the case, and a complete written explanation of each charge or conviction with this application for Board review and approval.

3. Has the applicant or owner:

Pleaded guilty or nolo contendere to, or been convicted of a felony?

Yes ☐

No ☐

Pleaded guilty or nolo contendere to, or been convicted of a misdemeanor involving mortgage lending or real estate appraisals; or an offense involving breach of trust or fraudulent or dishonest dealing? Yes ☐ No ☐

Criminal charges do not include speeding or parking violations. They do include driving while intoxicated or while under the influence of alcohol or drugs. If you believe a charge has been erased from the record or expunged, you must check with the appropriate court to confirm.

If "yes" to any of the above, provide a copy of the court judgment, a release from probation or parole, if appropriate, a complete written explanation of each charge or conviction with this application for Board review and approval.

4. Signature of Applicant: I certify the information provided in this application is true and correct to the best of my knowledge.

Printed Name: _____

Signature: _____

Date: _____

ALL OWNERS OF 11% OR MORE OF THE AMC MUST OBTAIN A CRIMINAL BACKGROUND CHECK