



# Appraisal Management Company Owner Registration

Add an owner or change ownership of an Appraisal Management Company (AMC).

Online: <https://professions.dol.wa.gov>

Or mail this completed form to:

**Appraisal Management Company Program  
Washington State Department of Licensing  
PO Box 9021  
Olympia, WA 98507-9021**



27031-SUPPORTING

For questions or language help, call 360-664-1806

**Application type (choose only one):**

- Add a new individual as an owner—Skip sections B and C
- Change all or partial ownership to an entity—Skip sections A and E
- Remove an owner—Complete sections C and G

**A. New owner (individual)—fingerprint submission required**

TYPE or PRINT Owner name (First, Middle, Last)	
Social Security number*	Date of birth (mm/dd/yyyy)
Mailing address, City, State, ZIP code	
10-digit phone number	Email
Appraisal management company name	Washington UBI number

\*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

**B. New owning entity (business)—no fingerprint submission required**

TYPE or PRINT Owning entity name	
Mailing address, City, State, ZIP code	
Entity's contact person name (First, Middle, Last)	What percent of the AMC is owned by this entity
Contact person 10-digit phone number	Contact person email
Appraisal management company name	AMC's Washington UBI number

**C. Remove an owner**

**If this person is also the Designated Controlling Person (DCP), and won't continue to be the DCP, a new DCP registration form must be submitted with this form. An ex-owner who is the DCP won't be removed until a new DCP has passed the background check.	
TYPE or PRINT Owner name (First, Middle, Last or Equity name)	Date of birth (mm/dd/yyyy)
Answer the following	
1. Is this person also on file with DOL as the Designated Controlling Person for this company? .....	Yes No
2. If Yes, are they to remain as the Designated Controlling Person? ** .....	Yes No

**D. Legal background**

Answer the questions below. If you answer "Yes," attach a detailed explanation.

**Within the last 5 years, in this state or any other jurisdiction, have you:**

- 1. Had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? . . . . . Yes No
- 2. Defaulted, been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) . . . . . Yes No

**E. Fingerprinting**

As an owner, you are required to submit fingerprints for state and national background checks.

- Go to [identogo.com](http://identogo.com) to schedule and pay for a fingerprinting appointment at an Identogo location of MorphoTrust, our electronic fingerprint vendor.

Answer the following

- 1. I understand that my fingerprints will be used to check my criminal history. I have the right to see, update, correct, or challenge the results through the FBI. . . . . Yes
- 2. I have reviewed the FBI Privacy Act Statement and the Noncriminal Justice Applicant's Privacy Rights located at <https://dol.wa.gov/professional-licenses/fingerprinting-and-background-checks>. . . . . Yes
- 3. What is the receipt number provided to you when you submitted your fingerprints? \_\_\_\_\_
- 4. What date did you submit your fingerprints? . . . . . \_\_\_\_\_

For more information, go to <https://dol.wa.gov/professional-licenses/fingerprinting-and-background-checks>.

**F. Certifications**—Required by all

Check all that apply

- I have read and I agree to follow all the applicable laws and rules of this profession and I understand the penalties for misconduct.
- I understand that lawsuits or other actions may be filed against me and the appraisal management company in Washington and I consent that service of process may be made by delivering it to the Director of the Department of Licensing.
- I understand that the Department of licensing has the right to inspect the records of the appraisal management company that are required to be kept by the laws and regulations of the appraisal management license.
- I understand it is my responsibility as an owner to cooperate with any investigation by providing the Department of Licensing with the requested documents and a written explanation of the subject matter of a complaint.

**G. Declaration**

*I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
TYPE or PRINT Name

**X**

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date and place (city or county) signed