



Appraisal Management Company Supplemental Ownership

Use this form when an appraisal management company (AMC) ownership changes from an entity ownership to individuals. An Appraisal Management Company Owner Registration form must also be done for each individual listed on this form.

Submit online: <https://professions.dol.wa.gov>

Or mail this completed form to:

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



27030-SUPPORTING

For questions or language help call: 360-664-1806 or email dolbpdamc@dol.wa.gov

Select one

- New appraisal management company license application
- Updating ownership list

A. Company information

TYPE or PRINT Appraisal management company name	
UBI/UBI Business ID/UBI Location ID (16 digits)	Name company will do business as
Designated controlling person (DCP) name (First, Middle initial, Last)	
DCP 10-digit phone number and extension	DCP email

B. Owning entity (business)—if applicable

TYPE or PRINT Owning business name	10-digit phone number
Mailing address, City, State, ZIP code	
Contact person name (First, Middle, Last)	
Contact person 10-digit phone number	Contact person email

C. Individuals owning 10 percent or more of AMC—if applicable

1 TYPE or PRINT Name (First, Middle, Last)	Email
Complete mailing address (Street, City, State, ZIP code)	
2 TYPE or PRINT Name (First, Middle, Last)	Email
Complete mailing address (Street, City, State, ZIP code)	
3 TYPE or PRINT Name (First, Middle, Last)	Email
Complete mailing address (Street, City, State, ZIP code)	
4 TYPE or PRINT Name (First, Middle, Last)	Email
Complete mailing address (Street, City, State, ZIP code)	

If you need more room attach a separate sheet or form.

D. Legal background

Answer the following

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

- | | | |
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| 1. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit? | Yes | No |
| 2. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) | Yes | No |

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

TYPE or PRINT Name

Date and place (city or county) signed

X_____
Applicant signature

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.