



Appraisal Management Company Designated Controlling Person Registration

Add or replace a Designated Controlling Person (DCP) for your Appraisal Management Company (AMC).

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



For questions or language help call (360) 664-6504 or email dolbpdamc@dol.wa.gov

Application type (*choose only one*):

- Registration of designated controlling person with new AMC license application—Skip section A
- Change of designated controlling person with a new DCP registration—Complete all sections
- Change of designated controlling person with currently registered owner—Skip section B

A. Previous designated controlling person (DCP)

TYPE or PRINT Name of current DCP (<i>First, Middle, Last</i>)	Date of birth (<i>mm/dd/yyyy</i>)
Appraisal management company (AMC) name	AMC license number
Answer the following Is this person an owner of 10 percent or more of the AMC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, they will be removed as the DCP but remain as a registered owner.	

B. New designated controlling person—fingerprint submission required

TYPE or PRINT Designated controlling person's name (<i>First, Middle, Last</i>)	
Social Security number*	Date of birth (<i>mm/dd/yyyy</i>)
Mailing address, City, State, ZIP code	
(Area code) Phone number and extension	Email
Appraisal management company name	AMC's Washington UBI number
Military? (<i>check if applicable</i>) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner	

*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).

C. Currently registered owner to replace the designated controlling person—no fingerprints required

TYPE or PRINT Name of registered owner (<i>First, Middle, Last</i>)	Date of birth (<i>mm/dd/yyyy</i>)
Mailing address, City, State, ZIP code	
Appraisal management company name	AMC license number
(Area code) Phone number and extension	Email

D. Legal background

Answer the following

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

- 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

E. Fingerprinting—fingerprint submission required for new individuals

If you are a **new applicant**, you are required to submit fingerprints for state and national background checks.

- Go to www.identogo.com to schedule and pay for a fingerprinting appointment at an Identogo location of MorphoTrust, our electronic fingerprint vendor.

What is the receipt number provided to you when you submitted your fingerprints? . . . _____

What date did you submit your fingerprints? _____

For more information, go to www.dol.wa.gov/business/fingerprinting.html.

F. Declaration

Answer the following

- 1. I have read and I agree to follow all the applicable laws and rules of this profession and I understand the penalties for misconduct Yes No
- 2. 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 Yes No
- 3. 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. Yes No
- 4. 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.. . . . Yes No

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

TYPE or PRINT Name

X

Signature

Date and place

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