



## 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  
Washington State 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](mailto: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**

TYPE or PRINT Name of current DCP ( <i>First, Middle, Last</i> )	Date of birth ( <i>mm/dd/yyyy</i> )
AMC name	AMC license number
Answer the following	
Is this person an owner of 10 percent or more of the AMC? . . . . . Yes 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 DCP's name ( <i>First, Middle, Last</i> )	
Social Security number*	Date of birth ( <i>mm/dd/yyyy</i> )
Mailing address, City, State, ZIP code	
10-digit phone number and extension	Email
AMC name	AMC's Washington UBI number
Military? ( <i>check if applicable</i> )	
Current or former:    Military member    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
10-digit 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 [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 <a href="https://dol.wa.gov/professional-licenses/fingerprinting-and-background-checks">https://dol.wa.gov/professional-licenses/fingerprinting-and-background-checks</a> . . . . . | 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. 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 (city or county) signed

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