

IDAHO REAL ESTATE APPRAISER BOARD
Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Boise ID 83714 or
P.O. Box 83720, Boise ID 83720-0063
Phone 208-334-3233 Website – <https://dopl.idaho.gov>
E-mail - rea@dopl.idaho.gov

APPLICATION FOR CHANGE OF OWNER OR CONTROLLING PERSON

The owner or controlling person’s signature must be notarized, and a \$33.25 processing fee, payable to DOPL, included for each required FBI fingerprint criminal history check. Submit the completed form, payment and required completed fingerprint cards (fingerprints must have been taken within the previous 180 days per Idaho State Police policy) to the address noted above. All requested information must be provided, and all questions must be answered for the update to be made to your registration.

Application type:

- Removal of previously listed controlling person or individual owning 10% or more of the company
- Addition of new controlling person or individual owning 10% or more of the company

1. Name of Appraisal Management Company _____

2. Idaho Registration Number: _____

3. List each owner or controlling person (individual/entity) of the Appraisal Management Company: This includes an owner, officer or director of the Appraisal Management Company, and all individuals who own ten percent (10%) or more of the Appraisal Management Company (including direct or indirect ownership through ownership of another entity). Also list any individual who possesses, directly or indirectly, the power to direct or cause the direction of management or policies of the Appraisal Management Company (if more space is needed, please attach a separate addendum). **Each person owning ten percent (10%) or more of the Appraisal Management Company must have a satisfactory fingerprint-based criminal history check.** Please note: there is a separate form for changing the designated controlling person of the Appraisal Management Company.

Full Legal Name	Street Address	City	State	Zip Code	Status
Business phone	Email	Appraiser License #	Social Sec.#/EIN	% Ownership	<input type="checkbox"/> Add <input type="checkbox"/> Delete
Full Legal Name	Street Address	City	State	Zip Code	Status
Business phone	Email	Appraiser License #	Social Sec.#/EIN	% Ownership	<input type="checkbox"/> Add <input type="checkbox"/> Delete
Full Legal Name	Street Address	City	State	Zip Code	Status
Business phone	Email	Appraiser License #	Social Sec.#/EIN	% Ownership	<input type="checkbox"/> Add <input type="checkbox"/> Delete

4. Has the applicant or any controlling person of the applicant ever had any professional license or registration refused, denied, cancelled, surrendered in lieu of revocation, or revoked in any state, including Idaho, or other jurisdiction, or been a controlling person of an appraisal management company that has been subject to any of the previous listed items of discipline? () Yes () No

(If Yes, you must attach: (a) a copy of the charges and final order must be received by the Board directly from each issuing authority; (b) a detailed statement of explanation from the individual or entity involved which includes the jurisdiction, (c) the license/registration number(s), the allegations if you are aware of them, and (d) any other relevant information.)

5. To the best of your knowledge is the professional appraiser license of any added controlling person currently the subject of a pending disciplinary action or investigation in any state, including Idaho, or other jurisdiction? () Yes () No

(If Yes, please attach (a) a detailed statement of explanation from the individual or entity involved which includes the jurisdiction, (b) the license/registration number(s), (c) the allegations if you are aware of them, and (d) any other relevant information.)

6. **Has any added controlling person ever received a conviction, finding of guilt, withheld judgment or suspended sentence for a felony in any state, including Idaho, or other jurisdiction?** () Yes () No
(If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

7. **CERTIFICATIONS BY DESIGNATED CONTROLLING PERSON**

I certify that I have been designated and duly authorized as the designated controlling person and been given authority to execute this document and to act for the registered Appraisal Management Company, and that I have full knowledge of the registrant’s Appraisal Management Company responsibilities, and have been officially delegated and do accept the authority to ensure the registrant’s Appraisal Management Company compliance with the applicable state statutes and rules.

AFFIDAVIT

Upon oath I certify that: (1) I am the designated controlling person pursuant to Idaho Code § 54-4126 of the applicant Appraisal Management Company and am the authorized representative of the applicant and its owners/representatives and am authorized to make this application on behalf of the applicant and to bind the applicant and its owners/controlling persons/representatives to every response and commitment made herein; (2) Use in this application and affidavit of “I” or “my” or “me” shall, as the usage may require, refer to the applicant, its owners/controlling persons/representatives and to myself, and that: (3) The responses and information provided in this application and in the accompanying addendum(s) and documentation are true and correct to the best of my knowledge; (4) This application is signed on behalf of the applicant; (5) I have read and will conform to the Laws, Rules and ethical requirements governing the license or authority applied for or granted pursuant to this application; (6) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws, Rules or ethical requirements governing Appraisal Management Companies or the profession of Real Estate Appraisal shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted pursuant to this application; (7) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate, incomplete or misleading; (8) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on the eligibility for or maintenance of the license or authority applied for or granted pursuant to this application and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; (9) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority applied for or granted pursuant to this application in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof; and (10) Every statement made and all information presented in this application and any addendum or other attachment submitted herewith is true and correct.

Signature of Designated Controlling Person

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____



Idaho State Police

Bureau of Criminal Identification



NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose you have certain rights which are discussed below.

This serves as notification from the Idaho Real Estate Appraiser Board that your fingerprints will be used to check the criminal history records of the State of Idaho and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. The collection of applicant fingerprints in Idaho is authorized by Idaho Code §67-3008.

- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- Procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before being denied the job, license, or other benefit based on information in the criminal history record.
- Disclosure of your Social Security number is voluntary and is solicited pursuant to the Federal Privacy Act and Idaho Code §67-3012 to aid the processing of an interstate background check request for noncriminal justice purposes allowed by federal statute, federal executive order or a state statute that has been approved by the attorney general.

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(h)). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities.

According to Idaho state law and if agency policy permits, you may be provided a copy of your FBI criminal history record for review and possible challenge upon submission of a written request. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same website address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30-16.34)

If a change, correction or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website <https://isp.idaho.gov/bci/criminal-history/>.

Please retain a copy of this document for your records.