



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

APR

FOR DIVISION USE ONLY

Real Estate Appraisers Program

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-7140

Email: BoardOfRealEstateAppraisers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfRealEstateAppraisers

Appraisal Management Company Change Request

This request is for a registered appraisal management company to make changes to their current license's owner, owning entity and/or controlling person.

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Change of Owner, Entity or Controlling Person Fee	\$250.00
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PART II Registration Information

Doing Business As (DBA):			
AMC License Number:		Contact Phone:	
Mailing Address:	P.O. Box or Street	City	State Zip
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
Email Address:		Select One:	<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by Mail

Corporation, LLC, LP or LLP

Are you a Corporation, LLC, LP or LLP? Reminder: If you are a corporation or LLC your business entity must be registered with the Corporations Division before this application is processed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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IF YES, provide:

Name of Corporation or LLC:		Entity Number:	
Is the company domiciled within the state of Alaska?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If NO, then a company's agent who is located within the state must be listed below:

Name of Company's Agent:		Contact Phone:	
Service of Process Address:	<small>Must be a physical address and not a USPS P.O. Box or other private mailbox.</small>		

PART III Type of Change

Doing Business As (DBA):	License Number:
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1. Are you changing the owning entity on an existing license?

No
 Yes

If YES, please complete the attached Appraisal Management Company Surety Bond form (#08-4821c) or attach a bond name change rider as an alternative to the surety bond form.

2. Are you changing individual owners?

No
 Yes

If YES, please complete Part IV of this application (located below) and the attached Controlling Person/Ownership Certification form (#08-4821a) and the Authorization for Release of Records form (#08-4821b).

3. Are you changing Controlling Person?

No
 Yes

If YES, please complete Part V of this application (located on page 3) and the attached Controlling Person/Ownership Certification form (#08-4821a) and the Authorization for Release of Records form (#08-4821b).

PART IV Ownership Information

Check the applicable box and provide the complete name(s) of the owner(s) including all partners, corporate officers, or managing members, whichever is appropriate; and provide U.S. Social Security Numbers for sole proprietor or partners. AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.

*Owners of 10% or more must submit the Owners Certification form.

- Sole Proprietorship
 Partnership
 Corporation
 LLC

Full Name	Address	Social Security Number (Sole Proprietorship or Partners Only)	% of Ownership

PART V Controlling Person

List the full name of the AMC's controlling person. The controlling person must complete the Ownership and/or Controlling Person Certification form (#08-4821a).

Full Name:			
Full Address:	P.O. Box or Street	City	State Zip
License Number:		State of Licensure:	



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Notary Signature Page

PART VI Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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Controlling Person/Ownership Certification

This section must be completed for the controlling person and by each owner of the company who owns at least 10% or more of the AMC.

The controlling person and each owner must complete this section individually. This will require multiple copies of this section, one for each person, to be submitted as part of the application for registration of the AMC.

Please submit these documents with the remainder of the AMC application, and not separately. Submitting documents separately may cause delays to your application review.

PART I Personal Information			
Full Legal Name:			
Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).			
<input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Other Names Used: _____			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:		Date of Birth:	
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
Email Address:		Select One:	<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by Mail
SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			

PART II Ownership Information			
Are You: (Check All that Apply)	<input type="checkbox"/> Controlling Person	<input type="checkbox"/> Owner	If Owner, % of Ownership:
Are You Currently Licensed in Another State?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please list all states or jurisdictions in which you currently are or have ever been certified.			
State or Jurisdiction	License or Certificate Number	Expiration Date	

PART III Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an explanation and documentation. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt, disclose and explain.

1. Have you been convicted of a crime or are you currently charged with committing a crime, or is any such action pending? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including (but not limited to) a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. Yes No
2. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? Yes No
3. Are you the subject of an unresolved complaint or disciplinary action before an authority regulating real estate appraisers or a professional real estate appraisers' association? Yes No
4. you committed, or had a lawsuit filed against you, while acting as a real estate appraiser, an act or omission involving dishonesty, fraud, or misrepresentation? Yes No

"Yes" Answers

If you answered "yes" to any of the above questions, you must submit the letter of explanation form (#08-4752) appended to this application explaining the specific circumstance(s) of the incident(s) and supporting documentation.



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PART IV Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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Authorization for Release of Records

All persons who own 10% or more of the appraisal management company must complete this release as part of the application for the company.

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my appraisal employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for the appraisal management company for which I am at least a 10% owner.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	P.O. Box or Street	City	State Zip
Phone:			Date of Birth:
Email:			
Signature:			Date:



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Appraisal Management Company Surety Bond

(Required by Real Estate Appraiser Statute AS 08.87.135)

Principal (Applicant) Name:				Title:	
DBA Name:					
Bond #:		Effective Date:	mm/dd/yyyy	Expiration Date:	mm/dd/yyyy

KNOW ALL MEN BY THESE PRESENTS that we, the above-named appraisal management company, as principal, and the agency named below, as surety, are held firmly bound to the State of Alaska, in the sum of FIFTY THOUSAND DOLLARS (\$50,000) lawful money of the United States, for the payment of which, well and truly to be made, we and each of us, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH THAT: Whereas, the above bound principal has applied to, or is about to obtain from, the State of Alaska for registration as an Appraisal Management Company pursuant to AS 08.87.135 and the acts amendatory thereof and supplemental thereto:

NOW THEREFORE, if the State of Alaska shall register the above bounden principal as an Appraisal Management Company and that principal shall faithfully and honestly act an Appraisal Management Company in accordance with law, and fully complies with the provisions of AS 08.87.135 of the State of Alaska and acts thereof and supplemental thereto, and if the principal shall fully indemnify and save harmless from loss the State of Alaska and any person who may have cause of action against the principal for any malfeasance or misfeasance in the conduct of a real estate appraisal management company, then this obligation to be voided, otherwise to remain in full force and virtue.

LIABILITY UNDER THIS BOND commences on the date listed above and shall be continuous until the registration license is revoked or otherwise terminated by the Department of Commerce, Community, and Economic Development, State of Alaska (the Department) or until written notice from the Surety is received by the Department provided the bond has been cancelled for lawful reasons. The bond shall apply to all liens and liabilities which arise during the effective period of the bond to which the bond is applicable under law, even if the judgment liens are foreclosed or valid liens settled after the effective period of the bond or liabilities are enforced after the effective period of the bond.

IN WITNESS OF THE ABOVE, principal and surety have signed and sealed this bond on the date listed below.

Principal (Applicant) Signature:				Date:	
Surety Name:		Attorney-in-Fact:			
Surety Signature:				Date:	
Agency Name:					
Agency Address:					

THIS BOND IS NOT VALID UNTIL SIGNED BY BOTH PRINCIPAL AND SURETY.

Surety's Power of Attorney **must be attached.**

(Surety's Seal)



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Professional Licensing

PO Box 110806, Juneau AK 99811

Phone: (907) 465-2550

Email: License@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov

Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “Yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to: suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “Yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident:			
When in doubt, disclose and explain. Make copies as necessary.			

Did you attach all applicable documents associated with this incident?

- Court orders
 Consent agreements
 Disciplinary actions
 Charging documents
 Court records
 Fitness to practice
 All other documentation related to this incident
 I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		PL Code:	
Signature:		Date:	

You must submit one form for each “Yes” answer. Make copies of this form as necessary.



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PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>