



**STATE OF MAINE**  
**DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION**  
**OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION**  
**BOARD OF REAL ESTATE APPRAISERS**  
**AMC LICENSE APPLICATION**

<b>APPLICANT INFORMATION</b> (please print & complete ALL fields)			
FEIN (or SSN if applying for an Individual Proprietorship):			
FULL LEGAL NAME OF COMPANY:			
TRADE NAME: If you intend to do business under a trade name (a.k.a. DBA), please enter that trade name here:			
COMPANY PHYSICAL ADDRESS			
CITY	STATE	ZIP	COUNTY
COMPANY MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FAX # ( )	E-MAIL	
<b>Disciplinary Action Disclosure</b>			
<b>NOTE: Failure to disclose disciplinary action may result in denial, fines, suspension and or revocation of a license.</b>			
Has any jurisdiction taken disciplinary action against the Appraisal Management Company, Controlling Person or any owner of more than 10% of the company? <b>Yes</b> or <b>No</b>			
<b>If yes to the question above, you must provide a separate written statement that includes the date of the offense and a detailed description of the events surrounding the disciplinary action. Submit the written statement and a copy of the disciplinary action document with this application.</b>			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Financial Regulation and Occupational Regulation will rely upon this information for issuance of this license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of this license if this information is found to be false.			
<b>SIGNATURE</b>		<b>DATE</b>	

**LICENSE APPLICATION FOR AN  
 APPRAISAL MANAGEMENT COMPANY (AMC)**

Office Use Only: 4695 1446—\$30 1421—\$450 (AMC)
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<b>X</b>	APPRAISAL MANAGEMENT COMPANY LICENSE	\$480
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Office Use Only Check # _____ Amount: _____ Cash # _____ Lic. # _____ Issue Date _____ Exp. Date _____
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<b>PAYMENT OPTIONS:</b>			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
<b>I UNDERSTAND THAT FEES ARE NON-REFUNDABLE</b>			
Card number:	XXXX-XXXX-XXXX-XXXX	Expiration Date	mm / yyyy
<b>SIGNATURE</b>		<b>DATE</b>	

**Name and address of one Controlling Person designated as the main contact for the AMC:**

*(The designated Controlling Person must be licensed as an appraiser in at least one state.)*

Name	Address	E-mail
Jurisdiction(s) where licensed as a real estate appraiser:		

List owner of more than 10% of AMC (if applicable). Attach a separate sheet if necessary.

Name	Address	E-mail

**Answer the questions below:**

1. I certify that the Appraisal Management Company requires appraisers completing appraisals at its request to comply with USPAP, including the requirements of geographic and product competence. **Yes or No**
2. I certify that the Appraisal Management Company is not owned by a person, in whole or in part, and does not employ any person in a position in which the person has the responsibility to order appraisal services or to review the results of a completed appraisal service, who has had an appraiser license or certificate in this State or any other state, refused, denied, cancelled, surrendered in lieu of revocation, or revoked, unless such license or certificate was subsequently granted or reinstated. **Yes or No**
3. I certify that the Appraisal Management Company does not knowingly enter into any independent contractor arrangement for the performance of appraisal services with a person who has had a license or certificate to act as an appraiser in this State or any other state refused, denied, cancelled, revoked or surrendered in lieu of a pending revocation unless the license or certificate was subsequently granted or reinstated. **Yes or No**
4. I certify that the Appraisal Management Company will maintain a detailed record of each service request that it receives and the appraiser that performs the residential real estate appraisal services for the appraisal management company. **Yes or No**
5. I certify that the Appraisal Management Company has a system and process in place to verify that an individual being added to the appraiser panel of the Appraisal Management Company holds a license in good standing. **Yes or No**

# FINGERPRINT AUTHORIZATION FORM

The Real Estate Appraiser Licensing Law at 32 M.R.S. § 14021 requires license applicants to submit a set of the applicant's fingerprints and any other necessary information for a statewide and nationwide criminal history record check to be completed by the Department of Public Safety, State Bureau of Identification.

The background checks will include criminal history information on file with the Maine State Bureau of Identification's criminal history system and the Federal Bureau of Investigation. The Board of Real Appraisers will use the state and federal criminal history record information for the purpose of evaluating whether an applicant possess a background that would call into question public trust.

An individual has the right to access or review his or her State of Maine and federal record response, as provided in Maine law at Title 16, Section 620 of the Maine Revised Statutes, and in federal law in the Code of Federal Regulations, Title 28, Sections 16.32 and 16.33. These laws are available on the Internet or by calling the Maine State Bureau of Identification or the Maine State Law and Legislative Reference Library. For more information on challenging the results of the information contained in the report, you may also contact the State Bureau of Identification at 624-7240.

*I understand that any criminal record information obtained through the fingerprint-based background investigation process will be used consistently with the guidelines outlined above, and that I have the right to review and appeal the record response if I disagree with the information or claim that the record does not belong to me at all. I agree to have my fingerprints taken by a qualified agent and to participate in the fingerprint- based criminal background investigation.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Company Name: \_\_\_\_\_

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*(For REA Office Use Only)*

Viewed @ MapNet: \_\_\_\_\_

Record Not Found: \_\_\_\_\_

Record Found: \_\_\_\_\_ Director Reviewed: \_\_\_\_\_

License #: \_\_\_\_\_

License Issue Date: \_\_\_\_\_

Processed By: \_\_\_\_\_

# Irrevocable Consent to Service of Process

WHEREAS I have made application for an appraisal management company license to practice in the State of Maine in accordance with the provisions of 32 M.R.S., Chapter 124-A; and

WHEREAS, pursuant to 32 M.R.S. § 14043(3) it is necessary for an appraisal management company license applicant to file an irrevocable consent to service agreement with the Director of the Office of Professional and Occupational Regulation within the Department of Professional and Financial Regulation;

NOW, THEREFORE, I hereby execute and file with the Director of the Office of Professional and Occupational Regulation this irrevocable consent that actions may be commenced against the appraisal management company in the proper court of any count in the State of Maine in which a cause of action may arise or in which the Plaintiff may reside, by the service of any process or pleadings authorized by the laws of the State of Maine on the Director of the Office of Professional and Occupational Regulation. Furthermore, it is hereby stipulated and agreed that service of the process or pleading on the Director shall be taken and held in all courts as valid and binding as if due service had been made upon me personally within the State of Maine.

IN WITNESS WHEREOF I have hereunto signed my name.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
*Controlling Person*

\_\_\_\_\_  
*Name Printed*

## INSTRUCTIONS TO COMPLETE AN AMC APPLICATION

1. Complete the application (pages 1 & 2)
2. If you are the AMC's Controlling Person **OR** an owner of more than 10% of the AMC, you must complete a "[Fingerprint Authorization Form](#)" and have your fingerprints done. Please see additional fingerprinting instructions in the links below:  
  
[Fingerprinting instructions for applicants who reside in Maine](#)  
  
[Fingerprinting instructions for out-of-state applicants](#)  
  
[Register For Fingerprinting Processing FOR ALL APPLICANTS RESIDENT OR NON-RESIDENT](#)
3. **DO NOT MAIL FINGERPRINT CARDS TO THE BOARD** (SEE FINGERPRINT INSTRUCTIONS ABOVE)
4. Only the Controlling Person should complete the "Irrevocable Consent to Service Form.
5. The designated Controlling Person must be licensed as an appraiser in at least one state.
6. Enclose check or money order payable to "Treasurer State of Maine" for \$410.00 and mail to the address noted below. Alternatively you may fill out the credit card portion of the application and fax or email it to the board. The Board also has on-line applications on the [web site](#) which is your fastest option.

FAX NUMBER: 207-624-8637

EMAIL: [rlestateappr.board@maine.gov](mailto:rlestateappr.board@maine.gov)

Our mailing address for U.S. Postal Service via, regular, priority, or express mail services is:

**DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
BOARD OF REAL ESTATE APPRAISERS  
35 STATE HOUSE STATION  
AUGUSTA ME 04333-0035**

*(Please note that the USPS will only deliver to the address above and will NOT deliver to our physical location)*

If you wish to use an overnight mail service such as FedEx or UPS. Please use our physical location:

**DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
BOARD OF REAL ESTATE APPRAISERS  
76 NORTHERN AVENUE  
GARDINER, ME 04345**

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STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8603 TTY users call Maine Relay 711 Fax: (207) 624-8637 [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Your license will show up as PENDING at first; as soon as your status is ACTIVE, you are authorized to practice.
- **How far back do I go answering the disciplinary action question?** Any discipline, ever.

### NOTICES

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

### Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the disciplinary action disclosure question
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.