

STATEMENT FOR APPRAISAL MANAGEMENT COMPANY

(To be completed by controlling person and persons owning more than 10% of the AMC)

Department of Commerce and Consumer Affairs
PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801
Access this form via website at: cca.hawaii.gov/pvl

Print Name of Appraisal Management Company: _____

Print Name of person completing this form: _____

DISCIPLINARY INFORMATION

- 1. Do you hold or have you ever held, an appraiser license or certificate in any state or jurisdiction? YES NO
- 2. If you answered "YES" to the above question, please provide the name(s) of the state or jurisdiction.

- 3. Have you ever had an appraiser license or certificate refused, denied, canceled, surrendered or revoked in any state or jurisdiction? YES NO
- 4. Do you currently have any disciplinary charges pending against your appraiser license or certificate? YES NO

If you answered "YES" to question 3 or 4, attach a detailed explanation on a separate sheet, which includes state or jurisdiction where action is pending or took place, relevant dates, action taken and reasons for such action. Arrange to have certified documents from each state in which disciplinary action was taken or is pending sent directly to the Program. (Include Findings of Fact, Conclusion of Law, Recommended Order, Final Order and, if you have been reinstated, documentation of reinstatement.)

CRIMINAL HISTORY

- 5. Have you ever been convicted of a crime in any state or jurisdiction that has not been annulled or expunged? YES NO

If you answered "YES", attach detailed information on a separate sheet. Also attach certified court documentation on the date, place, and violation of each conviction and fulfillment of conditions for each sentence.

AFFIDAVIT:

I hereby certify that the statements, answers, and representations made in this form and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (Section 710-1017 and Section 436B-19, Hawaii Revised Statutes and Act 118, SLH 2017).

I further certify that I have read and will abide by the provisions of Act 118, SLH 2017 and 436B and the Hawaii Administrative Rules when promulgated.

Signature

Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.