

REQUIREMENTS AND INSTRUCTIONS - CHANGE OF CONTROLLING PERSON

Access this form via website at: cca.hawaii.gov/pvl

Read through this entire document before completing the application.

DEFINITIONS

"Controlling person" means:

- (1) An officer, director, or owner of greater than a ten per cent interest of a corporation, partnership, or other business entity seeking to act as an appraisal management company in the State;
- (2) An individual employed, appointed, or authorized by an appraisal management company who has the authority to:
 - (A) Enter a contractual relationship with other persons for performance of services requiring registration as an appraisal management company; and
 - (B) Enter agreements with appraisers for the performance of appraisals; or
- (3) An individual who possesses, directly or indirectly, the power to direct or cause the direction of the management or policies of an appraisal management company.

APPLICATION

Complete the online fillable application form or print legibly in **black** ink and sign the application.

SOCIAL SECURITY NUMBER

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued, you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

§436B-10(4), HRS which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

CHANGE IN CONTROLLING PERSON

If the controlling person is or has ever been licensed or registered as an appraiser in any state, **arrange** to have verifications of licensure sent directly to us.

Further, the controlling person shall also complete and submit a Statement (form AMC-04). **Attach** controlling person's statement.

Lastly, the controlling person shall submit to a criminal history record check. **Arrange** to have a criminal history record check done (see "Criminal History Record Check Federal Bureau of Investigation ("FBI") below for instructions).

(CONTINUED ON PAGE 2)

CHANGE IN CONTROLLING PERSON (cont'd)

To make a change of controlling person, the Appraisal Management Company must complete the Change of Controlling Person form (form AMC-09) and submit it with a Statement (form AMC-04) completed by the controlling person. The controlling person shall also submit to a criminal history record check.

CRIMINAL HISTORY RECORD CHECK FEDERAL BUREAU OF INVESTIGATION ("FBI") REPORT

All controlling persons and persons owning more than 10 per cent of the appraisal management company are required to submit to a FBI fingerprint check through the Hawaii Criminal Justice Data Center ("HCJDC").

To obtain a FBI national Criminal History Record Check and the State of Hawaii Criminal History Record Check, persons shall be fingerprinted electronically at **Fieldprint Inc.** locations nationwide or any other fingerprinting agency approved to send electronic fingerprints to the HCJDC.

Please visit Fieldprint Inc. at: <http://fieldprinthawaii.com> to make an appointment or inquire about other available site locations on the continental United States. You may also call (877) 614-4364 or email CustomerService@fieldprint.com. To ensure that you are properly routed, please provide the following Fieldprint Code: **FPAppraiserMngmtCo**

Fees for the FBI and the State of Hawaii Criminal History Record Check shall be paid directly to Fieldprint and will be electronically sent to the HCJDC.

NOTE: An application to register as an appraisal management company must be filled within thirty (30) days of the fingerprinting to ensure that the results are obtainable from the HCJDC. If the results are not obtainable, you will be required to obtain new fingerprints.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

Instructions for "YES" Answers to Questions (3), (4) and (5) of the Application for Appraisal Management Company

The following documentation must be submitted with the license application. Applications for license will not be considered without this material.

1. Questions 3 and 4 refer to disciplinary actions for any profession, occupation, or license. If your answer is "YES" to either of these questions, you must **submit** the following:
 - i. A statement signed by you explaining the circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents; proof of payment of any fines.
2. Question 5 refers to criminal convictions that have not been annulled or expunged. If your answer is "YES" to this question, you must **submit** the following:
 - i. A detailed statement **signed by you** explaining the underlying circumstances leading to the conviction, and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended;

(CONTINUED ON PAGE 3)

- ii. A copy of all related court documents (i.e. indictments, judgments, guilty pleas, verdict, and terms of sentence); if applicable, proof of payment of any fines and/or proof of fulfillment of conditions of each sentence;
- iii. If applicable, a copy of the terms of probation and/or parole **and** a statement from your probation or parole officer as to your compliance with the court orders (terms and conditions imposed including any court documentation evidencing completion or discharge);
- iv. A **current** Criminal History Record Check in your name from the Hawaii Criminal Justice Data Center (HCJDC) dated within six months. Contact them at Ph: (808) 587-3100 or visit their website at: www.ecrim.ehawaii.gov to request a "Criminal History Record Check"; and
- v. If your criminal conviction occurred in a state or states other than Hawaii, a **current** Criminal History Record Check will be required from each state **AND** Hawaii. Contact the local authority or Board in each state for their forms, instructions and fees on obtaining a Criminal History Record Check.

RELEASE OF INFORMATION

If any agency or individual is assisting you with the registration process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign, and date it. Criminal history records are confidential and shall not be discussed with anyone other than the applicant.

ADDRESS

Mailing address:

Appraisal Management Company
 DCCA-PVL Licensing Branch
 P.O. Box 3469
 Honolulu, HI 96801

Walk-in address:

Appraisal Management Company
 DCCA-PVL Licensing Branch
 335 Merchant Street, Room 301
 Honolulu, HI 96813

APPRAISAL MANAGEMENT COMPANY - CHANGE OF CONTROLLING PERSON

Access this form via website at: cca.hawaii.gov/pvl

Use this form to make changes to a designated controlling person or owner of 10% or more of an appraisal management company.

If this application is part of registering a new appraisal management company, this form must accompany the Appraisal Management Company Application (AMC-01).

If you are changing the designated controlling person or adding an owner to an existing appraisal management company, send this form to:

**Appraisal Management Company
DCCA-PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801**

Application type (choose only one):

- Change of designated controlling person with new registration - Complete all sections
- Change of designated controlling person with currently registered controlling person/owner - Skip section B
- Registration of new controlling person/owner - Skip section A
- Remove controlling person (no longer an owner) - Complete sections A and E

All signatures on page 3 must be notarized.

A. Change of designated controlling person or owner

PRINT or TYPE Name of current person (<i>First, Middle, Last</i>)	Registration Number (AMC -)
Name of new designated controlling person (<i>First, Middle, Last</i>)	Date of birth if currently registered (<i>mm/dd/yyyy</i>)
Reason for change (<i>check all that apply</i>)	
<input type="checkbox"/> No longer the designated controlling person	<input type="checkbox"/> Not an owner
<input type="checkbox"/> No longer with AMC	<input type="checkbox"/> Remains with AMC
<input type="checkbox"/> Remains an owner	

B. New designated controlling person/owner

PRINT or TYPE Designated controlling person/owner name (<i>First, Middle, Last</i>)	
Social Security Number	Date of birth (<i>mm/dd/yyyy</i>)
Mailing address, City, State, ZIP code	
(Area code) Telephone number	Email address
Physical address, City, State, ZIP code (<i>if different than Mailing address</i>)	
Appraisal management company name	

(CONTINUED ON PAGE 2)

C. Criminal history

Answer the questions below. If you answer "YES", attach a detailed explanation and sanction documents for 1-3.

In this state or any other jurisdiction, are you or have you:

1. Within the last 10 years, had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? YES NO
2. Within the last 10 years, had any civil court order, verdict, or judgment entered against you? YES NO
3. Within the last 10 years, defaulted or been convicted of or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic offenses.) YES NO
4. Currently under indictment, or is there a criminal complaint, charge, or information pending against you? YES NO

D. Fingerprinting

If you are a **new applicant**, you are required to submit fingerprints for state and national background checks. Controlling persons who are currently registered do not need to submit fingerprints.

- All controlling persons and persons owning more than 10 per cent of the appraisal management company are required to submit to a FBI fingerprint check through the Hawaii Criminal Justice Data Center ("HCJDC").
- To obtain a FBI national Criminal History Record Check and the State of Hawaii Criminal History Record Check, persons shall be fingerprinted electronically at **Fieldprint Inc.** locations nationwide or any other fingerprinting agency approved to send electronic fingerprints to the HCJDC.

Please visit Fieldprint Inc. at: <http://fieldprinthawaii.com> to make an appointment or inquire about other available site locations on the continental United States. You may also call (877) 614-4364 or email **CustomerService@fieldprint.com**. To ensure that you are properly routed, please provide the following Fieldprint Code: **FPAppraiserMngmtCo**

Fees for the FBI and the State of Hawaii Criminal History Record Check shall be paid directly to Fieldprint and will be electronically sent to the HCJDC.

NOTE: An application to register as an appraisal management company must be filled within thirty (30) days of the fingerprinting to ensure that the results are obtainable from the HCJDC. If the results are not obtainable, you will be required to obtain new fingerprints.

All signatures on page 3 must be notarized.

E. Notarized signatures

PRINT or TYPE Designated controlling person/owner name (*First, Middle, Last*)

Appraisal management company name

Verification by oath or affirmation

I, _____, hereby affirm I am aware I must comply with the applicable rules and understand the penalties for misconduct.

Signature

Consent to service

I, the undersigned, residing in the state of _____, have obtained or am about to obtain a registration/license/certification from the state of Hawaii to engage or continue in the business of an appraisal management company. I hereby irrevocably consent that suits and actions may be commenced against me in any county of the state of Hawaii in which any party/plaintiff having cause of action against me may reside and that service of any process or pleading in an action or suit may be made by delivering it to the Director of the Department of Commerce and Consumer Affairs.

DATED this _____ day of _____, 20 ____ at _____.

TYPE or PRINT Name

Signature

Certification

By signing this application you understand that we, the Department of Commerce and Consumer Affairs (DCCA), have the right to inspect the records that you are required to keep by the laws and regulations that govern the license you are applying for. It is your responsibility as a controlling person to cooperate with an investigation by providing the DCCA with the requested documents and a written explanation of the matter contained in a complaint.

I certify under penalty of perjury under the laws of the state of Hawaii that the foregoing is true and correct.

Date and place signed

Signature

Notary - All signatures above must be notarized

Subscribed and sworn to before me this _____ day of _____ A.D. 20 ____.
Notary Signature: _____
Notary Public, State of: _____
My commission expires: _____
Print Name: _____

Doc. Date: _____ No. of Pages: _____
Notary Name: _____ Circuit Court: _____
Doc. Description _____

Notary Signature: _____
Date _____