



**OUT-OF-STATE REGISTRATION**

Is this company currently or has it previously been registered in any other state as an appraisal management company?

Yes  No

If yes, list the state(s), registration number and initial licensure date. Attach an additional sheet if needed.

State: \_\_\_\_\_ Registration No.: \_\_\_\_\_ Date: \_\_\_\_\_

State: \_\_\_\_\_ Registration No.: \_\_\_\_\_ Date: \_\_\_\_\_

State: \_\_\_\_\_ Registration No.: \_\_\_\_\_ Date: \_\_\_\_\_

State: \_\_\_\_\_ Registration No.: \_\_\_\_\_ Date: \_\_\_\_\_

State: \_\_\_\_\_ Registration No.: \_\_\_\_\_ Date: \_\_\_\_\_

**OWNERS**

Name(s) of any individual or business entity that owns ten percent (10%) or more of the Appraisal Management Company. Each owner is required to fill out Attachment A below. (Make additional copies as needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL HISTORY QUESTIONS FOR CONTROLLING PERSON**

If you answer yes to either question, provide a written explanation and any additional information as specified.

- 1. Have you ever had a certificate or license refused, denied, canceled, surrendered in lieu of revocation, or revoked in this State or any other state? If yes, attach a copy of the licensing agency’s order and any other documentation regarding the disposition.  Yes  No
- 2. Have you ever been convicted of or entered a plea of nolo contendere to a felony relating to the practice of appraisal, banking, mortgage lending, or the provision of financial services, or a crime involving fraud, misrepresentation, or moral turpitude? If yes, provide a full written statement, copy of court disposition and an official criminal background check from a law enforcement agency where the incident occurred. (Background check cannot be from a third-party provider.)  Yes  No

**CERTIFICATIONS BY CONTROLLING PERSON**

- 1. I certify that this Appraisal Management Company has a system and process in place to verify that a person being added to the appraiser panel of the appraisal management company holds a license in good standing in this State pursuant to the South Carolina Appraisers Act.
- 2. I certify that this Appraisal Management Company has a system in place to review the work of all independent appraisers that are performing real estate appraisal services for the appraisal management company on a periodic basis to validate that the real estate appraisal services are being conducted in accordance with the Uniform Standards of Professional Appraisal Practice.
- 3. I certify that this Appraisal Management Company maintains a detailed record of each service request that it receives and the independent appraiser that performs the residential real estate appraisal services for the appraisal management company.

4. I certify that this Appraisal Management Company has a system in place to require that appraisals are conducted independently and free from inappropriate influence and coercion, as required by the appraisal independence standards established under Section 129E of the Truth in Lending Act, 15 U.S.C. Section 1639e.
5. I certify that I have verified that each owner, with less than ten percent ownership of this Appraisal Management Company, has not had an appraiser certificate or license refused, denied, canceled, surrendered in lieu of revocation, or revoked in this State or in another state unless the certificate or license was subsequently granted or reinstated.

**ATTESTATION**

I, \_\_\_\_\_ (please print name), am the person described and identified, of good moral character, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act may constitute a violation of the Real Estate Appraisers and Appraisal Management Companies Act in South Carolina.

\_\_\_\_\_  
Applicant/Controlling Person Signature

\_\_\_\_\_  
Date

**CONSENT TO SERVICE OF PROCESS**

The undersigned applicant, being a nonresident of the State of South Carolina, shall file an irrevocable consent that suits and actions may be commenced against the undersigned applicant in the proper court in a judicial circuit of the State in which a cause of action may arise or in which the plaintiff may reside by the service of process or pleading, authorized by the laws of the State, on the Director of the Department of Labor, Licensing and Regulation. The consent must stipulate that the service of process or pleading must be taken and held in all courts to be as valid and binding as if service had been made upon the undersigned applicant in South Carolina. If the process or pleadings mentioned in this chapter are served upon the Director of the Department of Labor, Licensing and Regulation, it must be by duplicate copies, one of which must be filed in the office of the board and the other immediately forwarded by the board by registered or certified mail to the undersigned applicant against whom the process or pleadings are directed, at the last known address of the undersigned applicant as shown by the records of the board.

\_\_\_\_\_  
Applicant/Controlling Person Signature

\_\_\_\_\_  
Date

**PRIVACY DISCLOSURE**

*South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.*

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

**ATTACHMENT A**

**Each owner (individual or entity) that has a 10% or more ownership interest in the appraisal management company must fill out this attachment and submit to the SC Real Estate Appraisers Board as part of the final AMC application.**

Company Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Controlling Person: \_\_\_\_\_

To find your Congressional District: <http://www.scstatehouse.gov/legislatorssearch.php>

**OWNER INFORMATION** Ownership Percentage: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Since you were licensed, have you legally changed your name?  Yes  No Maiden Name: \_\_\_\_\_  
If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ District: \_\_\_\_\_  
Congressional District (SC Residents Only)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If different than above)

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email: (Required) \_\_\_\_\_

Appraiser Certification State and License No.: (If applicable) \_\_\_\_\_

**PERSONAL HISTORY QUESTIONS**

If you answer yes to either question, provide a written explanation and any additional information as specified.

1. Have you ever had an appraiser certificate or license refused, denied, canceled, surrendered in lieu of revocation, or revoked in this State or any other state? If yes, attach a copy of the licensing agency's order and any other documentation regarding the disposition.  Yes  No
  
2. Have you ever been convicted of or entered a plea of nolo contendere to a felony relating to the practice of appraisal, banking, mortgage lending, or the provision of financial services, or a crime involving fraud, misrepresentation, or moral turpitude? If yes, provide a full written statement, copy of court disposition and an official criminal background check from a law enforcement agency where the incident occurred. (Background check cannot be from a third-party provider.  Yes  No

I have carefully read the questions and have answered them completely, without reservation of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information, I hereby agree that such act may constitute a violation of the Real Estate Appraisers and Appraisal Management Companies Act in South Carolina.

\_\_\_\_\_  
Signature and Title of Owner

\_\_\_\_\_  
Date





STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
 being first duly sworn deposes and states as follows:

**Check only one box:**

1.  I am a United States citizen; or

2.  I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3.  I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4.  Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)