



South Carolina Department of Labor, Licensing and Regulation

South Carolina Real Estate Appraisers Board

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4630 • Contact.REAB@llr.sc.gov

www.llr.sc.gov/appr

APPRAISAL MANAGEMENT COMPANY REGISTRATION APPLICATION

Submit the following with your application to the above address:

- Check or money order (no cash) in the amount of \$500, made payable to **LLR-South Carolina Real Estate Appraisers Board**. (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
- If the business is incorporated, include a corporate resolution giving Controlling Person Authority.
- Copy of Controlling Person’s valid Driver’s License, State Issued ID, Passport or Military ID
- Verification of Lawful Presence filled out by Controlling Person
- All controlling person(s) and individuals who owns 10% or more of the Appraisal Management Company must provide a national social security based criminal background check report at their own expense
- Attachment A must be completed by all owners with a 10% or more ownership interest in the Appraisal Management Company.
- Attachment B must be completed by all owners with less than 10% ownership interest in the Appraisal Management Company.
- A \$25,000 surety bond on a form approved by the Board. Surety bond form can be located on the South Carolina Real Estate Appraisers Board website <https://llr.sc.gov/appr/pub.aspx>.

ENTITY INFORMATION

Company Legal Name: _____ Phone: _____

Company DBA Name in SC: _____ State of Incorporation: _____

If the business is incorporated or an LLC, a Certificate of Existence or Authorization from the SC Secretary of State is required to transact business in South Carolina. For additional information on filing with the SC Secretary of State, contact that office at (803) 734-2158 or at <http://www.scsos.com/index.asp>

Physical Address: _____
Street City State Zip

Mailing Address: _____
(If different than above)

Company Federal ID/Social Security No. (if Sole Proprietorship): _____

CONTROLLING PERSON

Last Name: _____ First: _____ Middle: _____

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

Home Address: _____ City: _____ State: _____ Zip: _____

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

Phone No.: _____

Email: (Required) _____

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

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: _____

Total number of appraisers on your company’s panel during the period January 1 – December 31 of the previous year.

SC: _____ Nationally: _____

OWNERS:

Each owner that owns ten percent (10%) or more is required to fill out Attachment A below. Each owner that owns less than ten percent must fill out Attachment B. (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 had a certificate or license refused, denied, canceled, surrendered in lieu of revocation, or revoked in this State or any other state? Yes No

If yes, attach a copy of the licensing agency’s order and any other documentation regarding the disposition.

- 2. Have you been convicted of or entered a plea of nolo contendere to an offense relating to the practice of appraisal, banking, mortgage lending, or the provision of financial services, or a crime involving fraud or misrepresentation? Yes No

If yes, provide a full written statement and any copy of the court’s disposition and sentencing terms and conditions.

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 certified or licensed appraisers who are independent contractors 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.

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.

I certify that all statements contained herein are true and correct to the best of my knowledge. I further understand that the information provided in connection with this application may be investigated and verified, and false, incorrect or materially misleading information provided by me may result in denial of this application as well as disciplinary action pursuant to 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 South Carolina Real Estate Appraisers Board as part of the final Appraisal Management Company application. Individuals who own 10% or more of the Appraisal Management Company must provide a national social security based criminal background check report at their own expense.

Company Legal Name: _____ Phone: _____

Name of Controlling Person: _____

OWNER INFORMATION

Ownership Percentage: _____

Last Name: _____ First: _____ Middle: _____

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

Home Address: _____ City: _____ State: _____ Zip: _____

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 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 been convicted of or entered a plea of nolo contendere to an offense relating to the practice of appraisal, banking, mortgage lending, or the provision of financial services, or a crime involving fraud or misrepresentation? If yes, provide a full written statement and any copy of the court disposition and sentencing terms and conditions. Yes No

I certify that all statements contained herein are true and correct to the best of my knowledge. I further understand that the information provided in connection with this application may be investigated and verified, and false, incorrect or materially misleading information provided by me may result in denial of this application as well as disciplinary action pursuant to the Real Estate Appraisers and Appraisal Management Companies Act in South Carolina.

Signature and Title of Owner

Date

ATTACHMENT B

Each owner (individual or entity) that owns *less than 10% ownership interest* in the Appraisal Management Company must fill out this attachment and submit to the South Carolina Real Estate Appraisers Board as part of the final Appraisal Management Company application.

Company Legal Name: _____ Phone: _____

Name of Controlling Person: _____

OWNER INFORMATION

Ownership Percentage: _____

Last Name: _____ First: _____ Middle: _____

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

Home Address: _____ City: _____ State: _____ Zip: _____

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 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

I certify that all statements contained herein are true and correct to the best of my knowledge. I further understand that the information provided in connection with this application may be investigated and verified, and false, incorrect or materially misleading information provided by me may result in denial of this application as well as disciplinary action pursuant to 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)