

**IOWA DIVISION OF BANKING  
APPRAISAL MANAGEMENT COMPANY SUPERVISION**

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**CONTROLLING PERSON FORM**

The designated controlling person and an individual who directly or indirectly owns more than ten percent of the appraisal management company must complete this form. The form is to be provided as a supplement to the registration application or as an application to change a registered appraisal management company's designated controlling person or owners.

<b>A: AMC INFORMATION</b>			
NAME OF AMC		REGISTRATION #	
COMPANY STREET ADDRESS		SUITE/APT	
CITY	STATE	ZIP	
BUSINESS TELEPHONE NUMBER			
<b>B: CONTROLLING PERSON OR OWNER INFORMATION</b>			
FULL NAME (FIRST MIDDLE LAST)		OFFICIAL TITLE	
OTHER NAME(S) USED (Include any aliases, maiden names, or alternate spellings/punctuation)			
SOCIAL SECURITY NUMBER	DATE OF BIRTH (Month/Day/Year)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
OFFICIAL CAPACITY (Check all that apply) <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> PARTNER <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> OTHER (SPECIFY) _____			% OF OWNERSHIP
PERSONAL MAILING ADDRESS		SUITE/APT	
CITY	STATE	ZIP	
PERSONAL PHYSICAL ADDRESS (IF DIFFERENT THAN ABOVE)		SUITE/APT	
CITY	STATE	ZIP	
PHONE		EMAIL	
<b>C: DISCIPLINARY ATTESTATION</b>			
<b>For any question marked yes, attach a complete explanation and any supporting documentation or court documents.</b>			
(1) <input type="checkbox"/> YES <input type="checkbox"/> NO Are you a certified appraiser in any state or jurisdiction? REGISTRATION NUMBER _____ STATE _____ EXPIRATION DATE _____			
(2) <input type="checkbox"/> YES <input type="checkbox"/> NO Have you had a license or certificate to act as an appraiser refused, denied, canceled, revoked, or surrendered in lieu of revocation in any state, for a substantive reason?			
(3) <input type="checkbox"/> YES <input type="checkbox"/> NO Have you been convicted of a felony in any state, federal, or foreign jurisdiction?			
(4) <input type="checkbox"/> YES <input type="checkbox"/> NO Have you been convicted of any other criminal offense in any state, federal, or foreign jurisdiction, other than a traffic offense or simple misdemeanor?			
(5) <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have any pending criminal charges against you in any jurisdiction?			
(6) <input type="checkbox"/> YES <input type="checkbox"/> NO Have you had an initial or renewal application for a professional license of any type denied or refused?			

(7)  YES  NO Have you been barred, removed, or prohibited from owning or serving as the controlling person of an appraisal management company, or from serving in any capacity in a financial institution by any state or federal regulatory agency, including but not limited to the office of the comptroller of the currency, the federal deposit insurance corporation (FDIC), the board of governors of the federal reserve system, or the U.S. department of housing and urban development?

(8)  YES  NO Were you the controlling person or owner of another appraisal management company in another state or jurisdiction, where such other state or jurisdiction has canceled, revoked, denied, suspended, or refused to renew the registration or application for registration of such appraisal management company under this state's or the other state's or jurisdiction's law? (an agreement made between an individual and the state or jurisdiction not to operate as the owner or controlling person of an appraisal management company may be considered a denial by that state or jurisdiction)

(9)  YES  NO Have you been convicted of forgery, embezzlement, obtaining money under false pretenses, theft, extortion, conspiracy to defraud, tax evasion, or another similar offense, in a court of competent jurisdiction in this state or in any other state, territory, or district of the united states, or in any foreign jurisdiction? (including a guilty plea, deferred judgement, deferred sentence, or other similar finding of guilt by a court of competent jurisdiction)

(10)  YES  NO Have you made a false submission of material fact on an application for registration or otherwise been implicated in the submission of a false application?

**D. DESIGNATED CONTROLLING PERSON ACKNOWLEDGEMENT**  
**(Applicable only to the designated controlling person.)**

By signing below I acknowledge it is my responsibility for assuring the appraisal management company complies with the provisions of Iowa Code chapter 543E when performing appraisal management services in connection with real estate located in Iowa.

**E: AUTHORIZATION OF NATIONAL CRIMINAL HISTORY BACKGROUND CHECK**

By signing below I authorize a fingerprint background check for the purpose of conducting a national criminal history background check through the Federal Bureau of Investigation and will include a completed waiver agreement and statement and fingerprint card.

**F: AFFIDAVIT**

I hereby affirm that the information provided by me is true and correct.

\_\_\_\_\_  
NAME (First, Middle, Last)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**G: PAYMENT INFORMATION**

**If this is an application to change a registered appraisal management company's designated controlling person or owners submitted after the registration has been issued, a \$150 fee plus a background check fee of \$51 is required.**

**PAYMENT OPTION**

Change of controlling person \$150; National criminal history background check fee \$51

PAYMENT ENCLOSED (Check or money order made payable to "State of Iowa" )

PLEASE BILL MY CREDIT CARD:

CREDIT CARD NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Credit card must be Discover, Master Card, or Visa only*

EXPIRATION MONTH AND YEAR: \_\_\_\_\_ / \_\_\_\_\_

**PAYMENT AMOUNT/REASON**

Fees paid and authorized

\$ \_\_\_\_\_ TOTAL FEES PAID

**PAYMENT AUTHORIZATION**

NAME OF CARDHOLDER: \_\_\_\_\_

SIGNATURE OF CARDHOLDER: \_\_\_\_\_ DATE \_\_\_\_\_