



**NMRLD**  
NEW MEXICO  
REGULATION &  
LICENSING DEPARTMENT

## APPRAISAL MANAGEMENT COMPANY CHANGE OF MANAGEMENT APPLICATION

**Incomplete application and fee will be returned to applicant.**

|                             |                        |
|-----------------------------|------------------------|
| Date of Application:        |                        |
| NM State Tax CRS ID Number: | Federal Tax ID Number: |

**A. TYPE OF ENTITY:** circle only the box that applies to the business entity type of the applicant.

Domestic Corporation | Foreign Corporation | Partnership | Sole Proprietor | Domestic LLC |  
Foreign LLC | Limited Partnership | Other:

**B. For BUSINESS ENTITY OTHER THAN A SOLE PROPRIETOR, complete this section:**

|   |                |                    |      |
|---|----------------|--------------------|------|
| 1. Name of Company :                              |                |                    |      |
| 2. AMC License Number:                            |                |                    |      |
| 3. Street Address of Principal Place of Business: |                |                    |      |
| City:   | County:        | State:             | Zip: |
| 4. Mailing Address (if different):                |                |                    |      |
| Business Phone:                                   | Fax:           | E-Mail:            |      |
| Mailing City:                                     | Mailing State: | Mailing Zip:       |      |
| 5. Point of Contact:                              |                | Title or Position: |      |
| Business Phone:                                   | Fax:           | (Required)E-mail:  |      |



**OWNERS, OFFICERS AND PERSONS WITH 10% (OR HIGHER) FINANCIAL INTEREST:**

List the names and contact information for each owner, officer or anyone who has 10% (or higher) financial interest in the AMC. You may attach additional pages if necessary.

Each newly designated person who is an owner, officer or has a financial interest of 10% or more in the AMC must submit to a background check (fingerprinting instructions below)

|                      |        |                    |                    |
|----------------------|--------|--------------------|--------------------|
| Name:                |        | Title or Position: |                    |
| Street Address:      |        |                    |                    |
| City:                | State: | Zip:               |                    |
| Address of Business: |        |                    |                    |
| Business Phone:      |        | Fax:               | E-Mail (Required): |
|                      |        |                    |                    |
| Name:                |        | Title or Position: |                    |
| Street Address:      |        |                    |                    |
| City:                | State: | Zip:               |                    |

|                      |        |                    |                    |
|----------------------|--------|--------------------|--------------------|
| Address of Business: |        |                    |                    |
| Business Phone:      |        | Fax:               | E-Mail (Required): |
| Name:                |        | Title or Position: |                    |
| Street Address:      |        |                    |                    |
| City:                | State: | Zip:               |                    |
| Address of Business: |        |                    |                    |
| Business Phone:      |        | Fax:               | E-Mail (Required): |



**C. CONTROLLING PERSON (CP)-** ☐ Check if No Changes

Designate one person who will submit to service of process (attachment 1) and must submit to a background check (fingerprinting instructions below)

|                                 |                                |   |                   |
|---------------------------------|--------------------------------|---|-------------------|
| Name:                           |                                | Title or Position:  |                   |
| Street Address:                 |                                |   |                   |
| City:                           |                                | State:  | Zip:              |
| Address of Business:            |                                |   |                   |
| Business Phone:                 |                                | Fax:  | (Required)E-Mail: |
| Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Have you ever had a license to practice as an appraiser refused, denied, cancelled or revoked in this state or any other state? |                   |

**D. EMPLOYEE IN CHARGE (EIC) -** ☐ Check if No Changes☐ Check if same as CP

Designate one person for all communication between AMC and the Board and must submit to a background check (fingerprinting instructions below) and proof 15-hour USPAP course completed

|                      |  |                    |                   |
|----------------------|--|--------------------|-------------------|
| Name:                |  | Title or Position: |                   |
| Street Address:      |  |                    |                   |
| City:                |  | State:             | Zip:              |
| Address of Business: |  |                    |                   |
| Business Phone:      |  | Fax:               | (Required)E-Mail: |

**E. CERTIFICATION OF REGISTRATION REQUIREMENTS - to be completed by the Controlling Person**

Please answer the following questions by circling the respective answers:

- Yes / No      The Controlling Person certifies that the Appraisal Management Company (AMC) has a system and process in place to verify that an appraiser selected and retained for the network or panel of the AMC holds a state license or certification in good standing in New Mexico pursuant to the requirements of the Real Estate Appraisers Act.
- Yes / No      The Controlling Person certifies that the AMC has a system and process in place to verify that only licensed or certified appraisers are used for federally related transactions.
- Yes / No      The Controlling Person certifies that the AMC has a system in place to review on a periodic basis, the work of all appraisers performing real property appraisals or appraisal reviews for the AMC to ensure that the real property appraisals and appraisal reviews are conducted in accordance with uniform standards of professional appraisal practice.



- Yes / No      The Controlling Person certifies that the AMC maintains a detailed record of each service request that the AMC receives and the appraiser that performs the real property appraisal or appraisal review for the AMC.
- Yes / No      The Controlling Person certifies that the owner(s) of the AMC applying for registration has not had a license or certificate to act as an appraiser refused, denied, canceled, surrendered in lieu of revocation, or revoked in New Mexico or any other state.
- Yes / No      The Controlling Person certifies that the owner(s) of the AMC applying for registration has not had any disciplinary that affects their legal ability to act as an appraisal management company in New Mexico or any other state.
- Yes / No      The Controlling Person certifies that all principals of the AMC applying for registration has not had a license or certificate to act as an appraiser refused, denied, canceled, surrendered in lieu of revocation, or revoked in New Mexico or any other state.
- Yes / No      The Controlling Person certifies that all principals of the AMC applying for registration have not had any disciplinary action that affects their legal ability to act as an appraisal management company in New Mexico or any other state.

### **VERIFICATION**

By signing this application, the undersigned attests that all information provided in the application is true, to the best of the signatory's knowledge; he/she is authorized to bind the applicant company; the applicant warrants that he/she/it will provide all benefits required by law to be provided by employers to employees; and shall abide by all laws applicable to Appraisal Management Companies in the State of New Mexico, including without limitation, the Real Estate Appraisal Management Registration Act, NMSA 1978, Sections 47-41-1 through 23, and all rules promulgated pursuant thereto.

Print Name:

Title:

Applicant Signature:

Date:

### **NOTARIZATION**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ appeared

before me, who is personally known to me to be the person described in this application and the person whose signature appears on this application; he/she swore under penalty of perjury that all information provided in this application is true and correct to the best of his/her knowledge and acknowledged that this instrument was executed as his/her free act and deed.

Notary Public: \_\_\_\_\_

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



## CHANGE OF MANAGEMENT APPLICATION CHECKLIST

The following documents should be submitted with your completed Change of Management Application:

- Notarized Application
- Proof of 15 hour USPAP course for the EIC (if EIC is changing)
- NM State Tax ID # and Federal Tax ID
- **Each individual that is being changed in the AMC** that owns, is an officer of, or has a greater than 10% financial interest, changing CP, or changing EIC in the AMC needs to complete FBI Fingerprinting Background Check.

### Boards & Commissions Division Fingerprint Background Check Services

**\*\*Please note:** fingerprints are **only valid for 30 days** after completion. \*\*

- ☐ **Registration** – All applicants must be registered prior to conducting the fingerprint process.
- ☐ ☐ **In State Applicants** Register online at: <https://nm.state.identogo.com/>
- ☐ ☐ **Out of State Applicants** Register online at:  
[https://www.identogo.com/uploads/general/NM\\_NonResident-Cardscan-Instructions\\_final.pdf](https://www.identogo.com/uploads/general/NM_NonResident-Cardscan-Instructions_final.pdf)

**Real Estate Appraiser's Board's ORI # - NM920276Z**

- ☐ **Payment** – Payment of \$59.00 is required during the online registration.
- ☐ **Registration ID/Document Control Number** – Applicants will receive a Registration Confirmation that is required at the fingerprint location.
- ☐ **Select a Location** – <https://www.identogo.com/locations>
- ☐ **My Appointment** - Bring you confirmation email and proof of identity, a list of acceptable forms of identification can be found at: [https://www.identogo.com/uploads/general/AcceptableIdentification\\_New-Mexico.pdf](https://www.identogo.com/uploads/general/AcceptableIdentification_New-Mexico.pdf)
- ☐ **Results** – Background check results will be sent directly to the specific Board or Commission.



## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below:

You must be provided with written notification (1) that your fingerprints will be used to check the criminal history records of the FBI.

If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete, correct, or challenge the accuracy of the information in the record.

The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record. (2)

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. (3)

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that provided the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that provided the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34)

- (1) Written notification includes electronic notification but excludes oral notification.
- (2) See 28 CFR 50.12(b).
- (3) See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



**ATTACHMENT 1**  
**STATEMENT OF AUTHORIZATION BY AGENT FOR SERVICE OF PROCESS**

|   |        |      |
|---|--------|------|
| Name of Agent:  |        |      |
| Street Address:   |        |      |
| City:   | State: | Zip: |
| The aforementioned agent hereby acknowledges that the agent accepts and agrees to act as the registered agent for service of process in New Mexico for, an Appraisal Management Company registered to do business in New Mexico, pursuant to the Real Estate Appraisal Management Companies Act, NMSA 1978 NMSA 1 978, Sections 47-41-1 through 23 and that the agency is duly authorized to do business in New Mexico. |        |      |
| Signature:  | Date:  |      |
| <p><b>NOTARIZATION</b></p> <p>On this _____ day of _____, 20____, _____, appeared before me, who is personally known to me to be the person who executed this Statement of Authorization.</p> <p>Notary Public:</p> <p>My Commission Expires: _____</p>   |        |      |

