

**APPLICATION FOR REGISTRATION – APPRAISAL MANAGEMENT COMPANY**

<p><b>INSTRUCTIONS:</b> (Please type or print.)</p> <ol style="list-style-type: none"> <li>1. Complete the information requested below and obtain notarization(s).</li> <li>2. Submit the original Registration Surety Bond \$25,000 form or Irrevocable Letter of Credit along with the Power of Attorney.</li> <li>3. Attach a check or money order in the amount of \$1000.00 made payable to the Appraiser Certification Program.</li> <li>4. Attach the Secretary of State Certificate to conduct business in South Dakota.</li> <li>5. Send to Appraiser Certification Program at 308 S. Pierre St., Pierre, SD 57501 .</li> </ol> <p><b>NOTE:</b> All fees are non-refundable.</p>	<p><b>DO NOT WRITE IN THIS SPACE</b></p> <p>Date application rec'd _____</p> <p>Date application approved _____</p> <p>Registration Number _____</p> <p>Date issued _____</p>
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**COMPLETION OF APPLICATION FORM**

Please type or print clearly in ink. All questions on this application must be answered fully and completely as required. The applicant Entity's Designated Officer must complete the Uniform Irrevocable Consent to Service of Process at Section G and the Declarations at Section H.

**SECTION A: APPRAISAL MANAGEMENT COMPANY (ENTITY)**

1. LEGAL NAME	2. FEI NUMBER
3. ALL OTHER TRADE OR BUSINESS NAMES INCLUDING ADVERTISING NAME	
4. BUSINESS TELEPHONE NUMBER	
Street  City State ZIP Code	
5. BUSINESS ADDRESS (If different from the address * address in Item 4 above)	
Address City State ZIP Code	
6. BUSINESS TELEPHONE NUMBER	7. BUSINESS FAX
8. WEBSITE	
(Any change of information must be reported within five days.)	

**SECTION B: DESIGNATED OFFICER**

1. NAME	2. TITLE
Last First Middle Suffix	
3. MAILING ADDRESS	
Address City State ZIP Code	
4. BUSINESS TELEPHONE NUMBER	5. BUSINESS FAX
6. PHYSICAL RESIDENCE ADDRESS (If different from the mailing address in Item 3 above)	
Address City State ZIP Code	
7. EMAIL ADDRESS	
(Any change of designated officer must be reported within five days.)	

**SECTION C: DESCRIPTION OF ENTITY**

1. DOMICILED IN SOUTH DAKOTA                Yes        No
2. LEGAL STRUCTURE (choose one)

Domestic Corporation	Foreign Corporation	Partnership	Limited Partnership
Domestic LLC	Foreign LLC	Sole Proprietor	Other (describe)

**SECTION D: BUSINESS ENTITIES**

If the applicant is other than a natural person, attach a certificate from the Secretary of State of South Dakota certifying applicant's authority to conduct business within the State of South Dakota. Contact the South Dakota Secretary of State, 500 East Capitol Avenue, Pierre, SD 57501, 605.773.3537.

**SECTION E: IDENTIFICATION OF CONTROLLING PERSONS**

List the names of all Controlling Persons of the AMC, including the Designated Officer and natural persons owning 10 percent or more of the Entity.

- |    |     |
|----|-----|
| 1. | 6.  |
| 2. | 7.  |
| 3. | 8.  |
| 4. | 9.  |
| 5. | 10. |

A Controlling Person's contact information must be included in Section F or attached for each individual listed.

**SECTION F: NAME AND CONTACT INFORMATION OF EACH INDIVIDUAL AUTHORIZED TO CONTRACT WITH CLIENTS OR INDEPENDENT APPRAISERS FOR PERFORMANCE OF APPRAISALS (Attach additional pages if needed.)**

CONTACT NAME	CONTACT INFORMATION

**SECTION G: UNIFORM IRREVOCABLE CONSENT TO SERVICE OF PROCESS**

I hereby acknowledge and agree that I am the Designated Officer of the applicant Entity identified in Section A of this application, and individually and on behalf of the applicant Entity, I do hereby:

1. Stipulate and agree that any suits and/or legal actions that may be commenced against the Entity set forth in Section A of this application, the Designated Officer identified in Section B of this application, or any Controlling Person(s) identified in Section E of this application, or any subsequent changes of information on file, may be brought in any court of competent jurisdiction of any county in South Dakota in which a cause of action may arise due to the actions or omissions of the Entity, the Designated Officer, or any controlling person(s); or in the county in which the plaintiff resides.

(Section G continued on next page)

**SECTION G: UNIFORM IRREVOCABLE CONSENT TO SERVICE OF PROCESS (continued)**

2. Further, I also stipulate and agree that service of process on the Entity, Designated Officer, or Controlling Person(s), as identified above, shall be made by service upon the Executive Director of the Appraiser Certification Program as the service agent of the Entity, Designated Officer, or Controlling Person(s), and such service may be held in all courts to be valid and binding as if personal service had been made upon me in South Dakota; and further that the Executive Director of the Appraiser Certification Program shall immediately mail a copy of any such process to the Designated Officer at the address on file with the Appraiser Certification Program.

3. Further, I also stipulate and agree that any grievance and/or complaints that may be commenced against the Entity, the Designated Officer, or any Controlling Person(s) by the Appraiser Certification Program shall be made by service upon the Executive Director of the Appraiser Certification Program shall immediately mail a copy thereof to the Designated Officer at the address on file with the Appraiser Certification Program.

4. Further, I understand that this consent is irrevocable in nature and is applicable to any grievance, complaint, suit, or legal action arising out of appraisal-related actions or omissions of the Entity, its Designated Officer, or Controlling Person(s) in South Dakota.

I, \_\_\_\_\_, being first duly sworn on oath, depose and say under penalty of perjury that the foregoing statements are true and correct.

State of: \_\_\_\_\_

County of: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF DESIGNATED OFFICER**

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

My Commission expires: \_\_\_\_\_ My Commission Number is: \_\_\_\_\_

**SECTION H: DECLARATIONS**

I, \_\_\_\_\_, the undersigned Designated Officer for the Entity identified in the above and foregoing Section A, being first duly sworn, state and affirm that I have read the within and foregoing application and that the answers supplied herein, including all supporting documents attached, are true and correct to the best of my knowledge and belief. Further, I certify individually and on behalf of said applicant Entity:

1. that said applicant Entity is legally formed pursuant to applicable state law and shall comply with all South Dakota laws necessary to validly operate within the State of South Dakota;
2. that said applicant Entity will comply with federal and state laws applicable to appraisal management companies, the laws and the administrative rules promulgated by the Appraiser Certification Program in all its conduct under any certificate of registration issued pursuant to this application;
3. that no person owning more than 10% of the applicant Entity has held or applied for a credential to act as a real estate appraiser in any appraiser-credentialing jurisdiction, which credential was refused, denied, cancelled, revoked or surrendered in lieu of discipline and was not subsequently granted or reinstated;
4. that no entity that owns more than 10% of the applicant Entity is more than 10 percent owned by an individual who has held or applied for a credential to act as a real estate appraiser in any appraiser-credentialing jurisdiction, which credential was refused, denied, cancelled, revoked or surrendered in lieu of discipline and was not subsequently granted or reinstated;
5. that Entity has a system in place to verify that utilized appraisers are licensed or certified and in good standing by this state;
6. that Entity requires each utilized appraiser who performs appraisals in this state to certify in writing the area of geographic competency and specific appraisal assignments competent to appraise;
7. that Entity has a system in place to review the work of utilized appraisers who perform appraisal services to validate that the services were conducted in conformity with the Uniform Standards of Professional Appraisal Practice;
8. that Entity has a system in place to verify that any employee of, or independent contractor to, the appraisal management company that is utilized to perform an appraisal review, of the work of utilized appraisers who perform an appraisal assignment for a property located in South Dakota, be licensed or certified and in good standing by this state;
9. that Entity files a referral with the department if there is evidence that a utilized appraiser is in violation of the laws, rules or Uniform Standards of Professional Appraisal Practice regarding appraisers;

(Section H continued on next page)

**SECTION H: DECLARATIONS (continued)**

- 10. that Entity maintains with the Appraiser Certification Program the name and address of a registered agent for service of process; and notify the Appraiser Certification Program, within five days, of any change to the information on file;
- 11. that Entity will disclose to its client(s) the actual fees paid to an appraiser for appraisal services, separate from any other fees or charges for appraisal management services, and make the information available to the Appraiser Certification Program upon request;
- 12. that Entity will disclose its certificate of registration number within its engagement document with each utilized appraiser;
- 13. that Entity will retain records pursuant to ARSD 20:77:06:01;
- 14. that I understand and agree that the Appraiser Certification Program may request additional information or documentation deemed necessary for the verification of the information disclosed in this application;
- 15. that my failure to make a full and accurate disclosure of any information called for herein may result in the denial of a certificate of registration. Further, any certificate of registration obtained on the basis of this application may be revoked or suspended for my failure to disclose full and accurate information herein;
- 16. that I affirm that I have read and agree to comply with all provisions of the South Dakota Appraisal Management Company laws and rules and;
- 17. that I hereby authorize any state or Federal agency to release to the South Dakota Appraiser Certification Program any and all information concerning complaints or charges brought before it, whether or not the matter resulted in action against the Entity. This authorization specifically includes information that may otherwise be deemed privileged or confidential. I hereby also waive any procedural due process protections that may otherwise entitle the Entity to a hearing before the release of this information.

I, \_\_\_\_\_, being first duly sworn on oath, depose and say under penalty of perjury that the foregoing statements are true and correct.

State of: \_\_\_\_\_

County of: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF DESIGNATED OFFICER**

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

My Commission expires: \_\_\_\_\_ My Commission Number is: \_\_\_\_\_

**SECTION I: Attachments**

**This application must be accompanied by:**

- \$1000.00 application fee.
- Registration Bond or Irrevocable Letter of Credit and Power of Attorney.
- Secretary of State Certificate

**SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION**

**APPRAISER CERTIFICATION PROGRAM**

308 S. Pierre St., Pierre, SD  
Tel: 605.5773.4608 Fax: 605.773.5405 dlr.sd.gov/appraisers