

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
APPRAISAL MANAGEMENT COMPANY
2021 RENEWAL APPLICATION

<p>INSTRUCTIONS: (Please type or print)</p> <ol style="list-style-type: none"> 1. Complete the information requested. 2. Submit the original Registration Surety Bond \$25,000 form or Irrevocable Letter of Credit along with the Power of Attorney. 3. Attach a check or money order in the amount of \$750.00 made payable to the Appraiser Certification Program. 4. Renewals received 01/01/2021 and after are subject to a \$50.00 per month late fee. 5. Send to the address on the back page of this form. <p>NOTE: All fees are non-refundable.</p>	<p style="text-align: center;"><u>DO NOT WRITE IN THIS SPACE</u></p> <p>Date application rec'd _____</p> <p>Secretary of State _____</p> <p>Surety Bond Through 12/31/2021 _____</p> <p>Date application approved _____</p> <p>Date issued _____</p> <p>Authorization Signature _____</p>
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Notice

1. A company applying for a South Dakota AMC registration that does not oversee a network or panel of more than fifteen certified or licensed appraisers in a state, or twenty-five or more nationally, within a given year is not required to register.
2. A company applying for registration that is a subsidiary owned and controlled by a financial institution regulated by a federal financial institution regulatory authority, must complete a form provided by the Appraiser Certification Program. Contact the Appraiser Certification Program at (605) 773-4608, or email Sherry Bren at sherry.bren@state.sd.us.

Type or print clearly in ink. All questions on this renewal application must be answered fully and completely as required.

SECTION A: APPRAISAL MANAGEMENT COMPANY INFORMATION (Any change must be reported within five days.)

1. LEGAL NAME	2. AMC CERTIFICATE NUMBER
3. ADVERTISING NAME (if different from legal name)	
4. ALL OTHER TRADE, BUSINESS OR AFFILIATED NAMES	
5. CONTACT PERSON FOR RENEWAL:	Name
Phone	E-MAIL
6. Has the business mailing address changed? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete below.)	
7. BUSINESS MAILING ADDRESS	
Street	City State ZIP Code
8. BUSINESS TELEPHONE NUMBER	9. BUSINESS FAX
	10. WEBSITE

11. **Is your company's Certificate of Authority with the SD Secretary of State's Office in good standing?** **No** **Yes**
12. **Has any disciplinary action been taken against your company in South Dakota or any other state or jurisdiction?**
No **Yes** (If yes, explain thoroughly in Section F.)
13. **Are there any investigations, complaints, or disciplinary actions currently pending against your company in South Dakota or in any other state or jurisdiction?** **No** **Yes** (If yes, explain thoroughly in Section F.)

SECTION B: DESIGNATED OFFICER (Any change of designated officer must be reported within five days.)

Has the Designated Officer or his/her contact information changed? **No** **Yes (If yes, complete below.)**

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|---|-----------------|-----------|----------|-------------------|
| 1. NAME | | | | 2. TITLE |
| Last | First | Middle | Suffix | |
| 3. MAILING ADDRESS | | | | |
| Address | | | City | State ZIP Code |
| 4. BUSINESS TELEPHONE NUMBER | 5. BUSINESS FAX | 6. E-MAIL | | |
| 7. PHYSICAL RESIDENCE ADDRESS (If different from the mailing address in Item 3 above) | | | | |
| Address | City | State | ZIP Code | |

SECTION C: CONTACT INFORMATION

Have there been any changes or additions to your Controlling Person(s) OR to individuals authorized to contract with clients or independent appraisers for performance of appraisals? **No** **Yes (If yes, submit names and contact information in Section F.)**

SECTION D: SWORN DECLARATIONS

I, _____, **the undersigned Designated Officer** for the Entity identified in the above and foregoing Section A, 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 (Program) in all its conduct under any certificate of registration issued pursuant to this application;
3. that no person owning, in whole or in part, directly or indirectly, 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 no person owning the entity, in whole or in part, directly or indirectly, a designated officer or a controlling person has pled guilty or nolo contendere to or being found guilty of a felony; pled guilty or nolo contendere to or being convicted of a misdemeanor involving mortgage lending or real estate appraising; or having committed an offense involving breach of trust, moral turpitude, fraudulent or dishonest dealings;

6. that Entity has a system in place to verify that utilized appraisers are licensed or certified and in good standing by this state;
7. 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;
8. 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;
9. 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;
10. that Entity files a referral with the Program if there is evidence that a utilized appraiser is in violation of the laws, rules or Uniform Standards of Professional Appraisal Practice regarding appraisers;
11. that Entity maintains with the Program the name and address of a registered agent for service of process; and notify the Program, within five days, of any change to the information on file;
12. 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 Program upon request;
13. that Entity will disclose its certificate of registration number within its engagement document with each utilized appraiser;
14. that Entity will retain records pursuant to ARSD 20:77:06:01;
15. that I understand and agree that the Program may request additional information or documentation deemed necessary for the verification of the information disclosed in this application;
16. 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;
17. 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
18. that I hereby authorize any state or Federal agency to release to the 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, _____, **the Designated Officer of** _____ (name of Appraisal Management Company), hereby declare under penalty of perjury that the foregoing answers and statements are true and correct.

SIGNATURE OF DESIGNATED OFFICER

DATE OF SIGNATURE

SECTION E: AMC National Registry Fee Collection [ARSD 20:77:08:01]

Fee Calculation Period: July 1, 2019 through June 30, 2020

Select and complete ONLY ONE:

AMC Operating in Multiple States **OR** **AMC Operating in Single State (South Dakota)**

AMC Operating in Multiple States - [If selected]

Indicate (below) total number of appraisers on the panel that have been engaged or contracted to perform appraisals in connection with covered transactions during the above fee calculation period. (If the number is fewer than 25, the AMC is ineligible for the AMC National Registry. Do not continue completing the Report Form.)

_____ (Appraisers)

Number of above appraisers that performed appraisals in connection with covered transactions in South Dakota (Number of appraisers multiplied by \$25 Equals AMC National Registry Fee):

_____ x \$25.00 = _____
(Appraisers) (Total Fee)

OR

AMC Operating in Single State (South Dakota) - [If selected]

Indicate total number of appraisers on the panel that have been engaged or contracted to perform appraisals in connection with covered transactions in South Dakota during the above fee calculation period. (If the number is fewer than 16, the AMC is ineligible for the AMC National Registry. Do not continue completing the Report Form):

_____ (Appraisers)

Number of appraisers multiplied by \$25 Equals AMC National Registry Fee:

_____ x \$25.00 = _____
(Appraisers) (Total Fee)

By signing below, I acknowledge under penalty of perjury that the foregoing statements are true and correct.

Signature of Designated Officer

Date

Print Name

Telephone

Email Address

Submit the originals of the renewal application, Surety Bond Registration \$25,000 form or proof of continuance of the bond on file, the Power of Attorney for the bond, \$750.00 renewal fee, AMC National Registry Calculation Form with fee, and any attachments to:

Appraiser Certification Program
South Dakota Department of Labor & Regulation
308 S. Pierre Street
Pierre, SD 57501-3137

SECTION F: Enter any additional information here: