



**APPRAISAL MANAGEMENT COMPANY RENEWAL APPLICATION**

- Type or print clearly in blue or black ink and provide an original signature.
- All fees paid must be paid by pre-printed personal check, company check, cashier's check, certified check, money order, or credit card (see form REA 2030 to pay by credit card).
- By statute, all fees submitted are deemed earned upon receipt.
- Please refer to <http://www.brea.ca.gov/html/LicensingFees.html> for current license application fees.

- Submit this form with the associated AMC Controlling Person Form REA 5013
- If you have any question, please write to the address listed or call (916) 552-9000.
- Mail completed application, fee and qualifying documentation to:

**BUREAU OF REAL ESTATE APPRAISERS**  
**3075 Prospect Park Drive, Suite 190**  
**Rancho Cordova, CA 95670**

**PART A - AMC INFORMATION**

1. Name		2. AMC Certificate No.	
3. Mailing Address (Address of Record) Address		Check if Change	
City	State	Zip Code	
4. Business Telephone Number	Check if Change	5. Business Fax Number (optional)	Check if Change
6. Business Email Address (optional)		Check if Change	
7. Is the AMC, in whole or in part, directly or indirectly, owned by any person who has had an appraiser license or certificate refused, denied, cancelled, surrendered in lieu of revocation, or revoked in any State? Federal Employer Identification Number (FEIN)			
No		Yes	

**PART B - DESIGNATED OFFICER**

1. Name		
Last	First	M.I.
2. Title		
3. Proof of USPAP Completion		
▶ Attach to this form the Designated Controlling Officer's completion certificate of the 7-hour National USPAP course taken for this renewal period.		

**PART C - AMC TYPE AND OWNERSHIP**

1. AMC Type: <input type="checkbox"/> Single State with a panel of more than 15 appraisers <input type="checkbox"/> Multi-state with a panel of 15 or more appraisers in two or more states
2. Is the AMC federally regulated? <input type="checkbox"/> No <input type="checkbox"/> Yes
3. Is the AMC, in whole or in part, directly or indirectly, owned by any person who has had an appraiser license or certificate refused, denied, cancelled, surrendered in lieu of revocation, or revoked in any State? <input type="checkbox"/> No <input type="checkbox"/> Yes

As Designated Officer, I certify under penalty of perjury that the foregoing information and information provided on all attachments is true and correct and that I have answered each question fully and truthfully and without any purpose of evasion. I understand that providing false information is grounds for denial or revocation of any license and may subject me to disciplinary action and/or criminal prosecution.

Signature

Date

**MUST BE SIGNED AND CERTIFIED BY A NOTARY PUBLIC IF EXECUTED OUTSIDE THE STATE OF CALIFORNIA**

**PART C - DESIGNATED OFFICER BACKGROUND INFORMATION**

4. Have you ever used or been known by any name other than, or in addition to, the name listed on this application? If yes, list all such other names:  
 No  Yes, explain: \_\_\_\_\_
5. Have you been convicted of, or pled guilty or *nolo contendere* to any criminal or civil offense in the United States, its territories, or a foreign country? This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. You are not required to report convictions that were adjudicated in the juvenile court, convictions under California Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) which are two years old, or traffic infractions resulting in a fine of \$500 or less. Convictions that were later dismissed pursuant to sections, 1203.4, 1203.4a, or 1203.41 of the California Penal Code or equivalent non-California law must be disclosed. If yes, complete "Conviction Details" section below. In addition to completing the "Conviction Details" section below, you must submit a certified copy of the police report or administrative agency's investigative report and certified copies of the court or administrative agency's docket, complaint, or accusation and judgement or other order.  
 No  Yes, complete "Conviction Details" below.
6. Are there criminal charges pending against you at this time, or are you currently awaiting judgement and sentencing following entry of a plea or jury verdict? If yes, please specify the court in which the matter is pending, the case number and charges, and submit a copy of the certified police report and a certified copy of the complaint and docket.  
 No  Yes, explain: \_\_\_\_\_
7. Do you currently hold a professional or vocational license issued by any other governmental agency? If yes, please identify the license held, the license number and the issuing agency.  
 No  Yes, explain: \_\_\_\_\_
8. Have you ever had a professional or vocational license, certificate or registration denied, suspended, restricted, revoked, surrendered or have you been disciplined in any way in this state or any other state? If yes, complete "License Details" section below. In addition to completing the "License Details" section below, you must submit a certified copy of the police report or administrative agency's investigative report and certified copies of the court or administrative agency's docket, complaint, or accusation and judgement or other order.  
 No  Yes, complete "License Details" below.
9. Controlling Persons Information:
  - ▶ List the name of each Controlling Person of the AMC including the Designated Officer. Refer to *AMC Controlling Person Application* (REA 5002) for a definition of "Controlling Person".
  - ▶ Each Controlling Person must complete a *Controlling Person Renewal Application* (REA 5013) and attach it to this AMC Renewal Application.

Designated Officer	
1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____
9. _____	10. _____

**CONVICTION DETAILS**

Complete one line for each violation and provide explanation below. If you are unable to provide this information, provide all the requested information you can obtain, with an explanation for the missing information. If the conviction status has been subsequently changed or reduced, note that fact in the area provided for additional information. Attachments for additional information should specify which lines you are referring to. **EACH ADDITIONAL SHEET MUST BE SIGNED BY THE APPLICANT.**

* CODE SECTION VIOLATED (i.e., 1014, 484, ETC.)	** CODE VIOLATED (i.e., VEHICLE CODE, PENAL CODE, ETC.)	*** DISPOSITION (i.e., PROBATION, PAROLE, FINE, PENDING, ETC.)	**** DISMISSED (pursuant to sections, 1203.4, 1203.4a, or 1203.41 of the California Penal Code)					
Court of Conviction (Name and Address)	Arresting Agency (Name and Address)	Date of Conviction	Type of Conviction	* Code Section Violated	** Code Violated	*** Disposition	Case Number	**** Dismissed
<i>Example:</i> Sacramento Cnty. 456 Main St., Sac	Sacramento City Police 123 Main St., Sac	02/20/12	<input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor	23152	Vehicle Code	6 months probation and \$200 fine	1234	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1. _____	_____	_____	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ADDITIONAL INFORMATION: SPECIFY WHICH LINES YOU ARE REFERRING TO. ATTACH EXTRA SHEETS IF MORE ROOM IS NEEDED. EACH ADDITIONAL SHEET MUST BE SIGNED.**

**LICENSE DETAILS**

Type of License	License ID No.	License Expiration Date	State
Action (revoked, etc.)	Date of Action	Date Action Terminated	Code Section Violated

**ADDITIONAL INFORMATION: ATTACH EXTRA SHEETS IF MORE ROOM IS NEEDED. EACH ADDITIONAL SHEET MUST BE SIGNED.**

## INSTRUCTIONS

### PART A - AMC INFORMATION

1. **NAME** - The name of the appraisal management company.
2. **AMC CERTIFICATE NUMBER** - The certificate number issued to your AMC by BREAA.
3. **MAILING ADDRESS** - The AMC's address of record.  
**The information required is a matter of public record.**
4. **BUSINESS TELEPHONE NUMBER** - The AMC's business telephone number. **The information required is a matter of public record.**
5. **BUSINESS FAX NUMBER** - The AMC's business fax number. (optional)
6. **BUSINESS EMAIL ADDRESS** - The AMC's Email address. (optional)
7. ~~**IS THE AMC, IN WHOLE OR IN PART, DIRECTLY OR INDIRECTLY, OWNED BY ANY PERSON WHO HAS HAD AN APPRAISER LICENSE OR CERTIFICATE REFUSED, DENIED, CANCELLED, SURRENDERED IN LIEU OF REVOCATION, OR REVOKED IN ANY STATE?**~~ - Answer yes or no:  
**FEDERAL EMPLOYER IDENTIFICATION NUMBER** -  
List the federal employer identification number (FEIN).

### PART B - DESIGNATED OFFICER INFORMATION

1. **NAME** - Your name as it appears on your AMC certificate.
2. **TITLE** - Your title within the AMC.
3. **PROOF OF USPAP COMPLETION** - Attach to this form the Designated Officer's completion certificate of the 7-hour National USPAP course taken for this renewal period.
4. ~~**BACKGROUND QUESTIONS**~~ - Please answer all of these questions and attach any required additional information to this application.
9. ~~**CONTROLLING PERSONS INFORMATION**~~ - List each name of all "Controlling Persons" of the AMC including the Designated Officer. Refer to Business and Professions Code Section 11302(f) for a definition of "Controlling Person".

### PART C - AMC TYPE AND OWNERSHIP

1. **AMC TYPE** - Select whether the AMC is a single or multistate AMC. Please see Business and Professions Code section 11302(d) for definition.
2. **FEDERALLY REGULATED AMC** - Answer whether the AMC is a federally regulated. Please see Business and Professions Code section 11302(r) to determine if your AMC is federally regulated.

**AMC OWNERSHIP** - Answer yes or no to whether the AMC, in whole or in part, directly or indirectly, owned by any person who has had an appraiser license or certificate refused, denied, cancelled, surrendered in lieu of revocation, or revoked in any State.

**SIGNATURE OF APPLICANT** - Original signature and date required of the AMC's Designated Officer.

### Privacy Information

Section 1798.17 of the Civil Code requires this notice be provided when collecting personal or confidential information from individuals. Each individual has the right to review personal information maintained by this Agency, unless access is exempted by law.

**Bureau of Real Estate Appraisers  
Custodian of Records  
3075 Prospect Park Drive, Suite 190  
Rancho Cordova, CA 95670  
Telephone: (916) 552-9000**

General powers of the Chief, Sections 11310 and 11313 of the Business and Professions Code authorizes the maintenance of this information. Business and Professions Code Sections 30, ~~Chapter 1361, Section 1, and 31~~ requires each real estate appraiser licensee to initially provide to the Bureau of Real Estate Appraisers ~~his or her~~ the licensee's social security or individual taxpayer identification number which will be furnished to the Franchise Tax Board, Employment Development Department (EDD), and California Department of Tax and Fee Administration (CDTFA). Your social security or individual taxpayer identification number shall not be deemed a public record and shall not be open to the public for inspection. The Franchise Tax Board will use your number to establish identification exclusively for tax purposes. The EDD will use your number to determine compliance with any possible family support obligations. The Real Estate Appraisers Law or Regulations of the Chief require applicants to provide the Bureau of Real Estate Appraisers with specific information. If all or any part of the required information is not provided, processing may be delayed. In addition, the Chief may suspend or revoke a license, or in the case of a license applicant, may deny the issuance for misstatements of facts (including a failure to disclose a material fact) in an application for a license. The information requested in this form is primarily used to furnish license status information to the Bureau of Real Estate Appraisers, and to answer inquiries and give information to the public on license status, mailing addresses and actions taken to deny, revoke, restrict or suspend licenses for cause. This information may be transferred to real estate appraisal licensing agencies in other states, law enforcement agencies (City Police, Sheriff's Departments, District Attorneys, Attorney General, F.B.I.), and any other regulatory agencies (including, but not limited to, ~~Department of Business Oversight, Department of Financial Protection~~ and Innovation, Department of Insurance, Bureau Department of Real Estate, Department of Consumer Affairs, California Bar Association, Appraisal Subcommittee, California Community Colleges Chancellor's Office, and CDTFA). Under Business and Professions Code sections 31 and 494.5, CDTFA and the Franchise Tax Board may share taxpayer information with the Bureau. You are required to pay your state tax obligation. This application may be denied or your certificate of registration may be suspended if you have a state tax obligation and the state tax obligation is not paid.