

**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION**

3300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102 * (702) 486-4033
e-mail: realest@red.nv.gov * <http://red.nv.gov/>

**APPLICATION for the
INDIVIDUAL REGISTRATION of an OFFICER, PRINCIPAL, GENERAL PARTNER, DIRECTOR
or TRUSTEE of an APPRAISAL MANAGEMENT COMPANY**

INSTRUCTIONS

Each Officer, Principal, General Partner, Director, and Trustee of an applying Appraisal Management Company must complete Form 571A and submit it with the Appraisal Management Company Registration Form 571. Each applicant must submit with the completed Form 571A:

1. For each individual applicant attach one completed finger print card (form FD-258) printed by a Law Enforcement Agency and attach a cashier's check or money order (**personal and company checks are NOT accepted by DPS**) **separately for each applicant** in the amount of **\$36.25**, made payable to the Nevada Department of Public Safety (DPS) **or** attach a Verification of fingerprints taken by an approved vendor (see Form 619).
2. Attach a 2" x 2" head shot picture taken within the past 12 months.
3. If you answered "yes" to any question, attach a dated and signed written explanation addressed to the Nevada Real Estate Division and provide any other pertinent information such as a copy of the court proceedings and the final judgment or conclusions of law and current disposition of the matter.
4. If you are not a resident of the State of Nevada you must complete the Consent to Service of Process.

IMPORTANT NOTES:

- AMC means Appraisal Management Company.
- All required fees must accompany application.
- Only original applications are accepted.
- The registration is valid when the AMC receives the registration issued by the Nevada Real Estate Division. The registration expires one year from the date of issuance.
- The application is a public record under Nevada Revised Statutes Chapter 239. Certain information is deemed by law to be confidential. However, most information provided by an applicant is public information and must be provided upon request to the Division.

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1. **APPLICANT:**

Applicant name: _____

Position in AMC: General Partner Principal Manager Director Trustee

Officer (type) _____

Residence address: _____

Mailing address (if applicable): _____

Email address: _____

Date of birth: _____ Social Security #: _____

Phone: _____ Cell: _____

2. **COMPANY INFORMATION:** Location in which you will be conducting appraisal services as registered on Form 571-Main Office or 571B-Branch Office.

Company name: _____

Company address: _____

Phone: _____ Fax: _____

Email: _____

DIVISION USE ONLY: Date: _____ Receipt # _____ Processor initials: _____

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3. Criminal/Background History: If your answer is YES to any of the following questions, attach the order as a result of the proceedings. On an attached sheet give full details, including the administrative agency, court, and title of the proceeding, disposition and any other pertinent information.

Yes No

- a.** Have you had a professional or occupational license issued by any state, district or territory of the United States or any foreign country suspended, revoked or voluntarily surrendered in lieu of other discipline within the last ten (10) years?
- b.** Have you had a license, certificate or registration issued pursuant to the provisions of this chapter suspended, revoked, or voluntarily surrendered in lieu of other discipline within the last ten (10) years?
- c.** Have you ever been convicted of, or entered a plea of guilty or nolo contendere to, a felony or any crime involving fraud, misrepresentation or moral turpitude?
- d.** Have you ever been convicted of, or entered a plea of guilty or nolo contendere to, a felony relating to the practice of appraisal or real estate?
-

4. Child Support declaration NRS 425.520

Please indicate in the appropriate box below which one of the provisions apply to you. Your application for the issuance of this license will be denied if you do not complete this section

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and AM IN COMPLIANCE with that order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed in that order.
- I am subject to a court order for the support of one or more children and NOT IN COMPLIANCE with that order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed in that order.
-

5. Acknowledgement: I hereby certify under penalty of perjury that the answers contained in this AMC individual application Form 571A are true and correct. I understand that if I am subject to a court order for support of one or more children and I am not in compliance with that order or a plan, my application for license, certification or renewal of a license or certification will be denied.

Print Name

Signature

Verification upon oath:

STATE OF _____ } ss.
COUNTY OF _____

Signed and sworn to (or affirmed) before me on _____ Date, by _____

Seal

X

Signature of Notary

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6. Nevada Resident: **Yes** **No (if No, complete the following form)**

CONSENT TO SERVICE OF PROCESS

(NRS 645C.367)

Full legal name: _____

Hereinafter referred to as "Applicant," hereby irrevocably constitutes and appoints the Administrator of the Division of Real Estate, Department of Business & Industry, State of Nevada or his/her successor in office, to be his/her true and lawful agent within this state, upon whom all legal process in any suit, action or proceeding arising under, or in any way connected with any provisions of Chapter 645, 645C, 645D, 119, 119A, 119B, 116 of Nevada Revised Statutes, or any rule or order pursuant thereto, or based upon any fraud, deceit, breach of contract or other thing connected with the sale or offer for sale, negotiation or appraisal of any real estate, timeshare or campground membership, may be served upon said applicant, personally within the State of Nevada. Until the applicant attests by affidavit to the Administrator that he/she is a bona fide resident of the State of Nevada, this appointment and the authority of said attorney shall continue in force and effect so long as any such liability remains outstanding, and a copy of any process served hereunder may be sent by certified mail, return receipt requested, addressed to:

Full legal address: _____

X

Signature of person presenting this document to the notary.

STATE OF: _____
COUNTY OF: _____ } ss

This instrument was acknowledged before me on _____ date, in the possession of applicant
(APPLICANT'S NAME) _____
Print name of person signing this document

seal

X

Signature of Notary



Fingerprint Background Waiver

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by **the Nevada Real Estate Division** (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize **the Nevada Real Estate Division** (*name of requesting agency*) (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:
PLEASE PRINT

Last Name	First Name	Middle
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ADDRESS:
PLEASE PRINT

Applicant's Signature: _____

Date: _____

Submitting Agency: **Nevada Real Estate Division**

Address: **3300 West Sahara Avenue #350**

Las Vegas, NV 89102

Agency Representative:
PLEASE PRINT

Last Name	First Name	Middle
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Agency Representative Signature: _____

Date: _____