STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY REAL ESTATE DIVISION

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

APPLICATION for the

INDIVIDUAL REGISTRATION of a PRINCIPAL, GENERAL PARTNER, DIRECTOR, OFFICER or TRUSTEE of an APPRAISAL MANAGEMENT COMPANY

INSTRUCTIONS

Each Principal, General Partner, Director, Officer or 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. **FINGERPRINT BACKGROUND WAIVER:** Your fingerprint background waiver must be completed, signed and dated *prior to* obtaining your fingerprints.
- 2. **FINGERPRINTS:** 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 \$40.25, made payable to the Nevada Department of Public Safety (DPS) <u>or</u> attach a Verification of fingerprints taken by an approved vendor (see Form 619). Fingerprints expire after six (6) months.
- 3. **PHOTOGRAPH:** Attach a 2" x 2" head shot picture taken within the past 12 months.
- 4. **CRIMINAL BACKGROUND HISTORY:** 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.
- 5. <u>NON-NEVADA</u> <u>RESIDENTS:</u> If you are not a resident of the State of Nevada, you must complete the Consent to Service of Process (Form 656).

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)	Other (type)	
	Residence Address	::		
	City:	State:	Zip Code:	
	Mailing Address (i	f applicable):		
	City:	State:	Zip Code:	
	Last 4 of Social Se	curity Number or Federal Tax ID:	Date of Birth:	
	Phone Number:	Cell Phone:	Email Address:	
2.		DRMATION: Location in which you was 571B (Branch Office).	will be conducting appraisal services as registered on Form	
	Company Name:			
	Company Address:	;		
	Company Address: City:	: State:	Zip Code:	
			Zip Code: Email Address:	
	City: Phone Number:	State: Fax Number:	-	
3.	City:	State: Fax Number: ENT? Yes No	Email Address:	
3.	City: Phone Number:	State: Fax Number:	Email Address:	
3.	City: Phone Number:	State: Fax Number: ENT? Yes No If NO, complete the Consent to	Email Address: Service of Process, Form 656.	
3.	City: Phone Number:	State: Fax Number: ENT? Yes No If NO, complete the Consent to	Email Address:	

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4.	as a	RIMINAL/BACKGROUND HISTORY: If your answer is <u>YES</u> to any of the following questions, attach the order a result of the proceedings. On an attached sheet, give full details including the administrative agency, court, and le of the proceeding, disposition, and any other pertinent information.					
	a.	Have you <u>ever</u> had a professional or occupa United States or any foreign country suspen suspension or revocation which has not been	ded, revoked, or v	oluntarily surrendered in lieu of	☐ Yes ☐ No		
	b. Have you <u>ever</u> had a license, certificate or registration issued pursuant to the provisions of this chapter suspended, revoked, or voluntarily surrendered in lieu of suspension or revocation which has not been reinstated?				☐ Yes ☐ No		
	c.	Have you <u>ever</u> been convicted of, or entered crime involving fraud, misrepresentation or		or nolo contendere to, a felony or any	☐ Yes ☐ No		
	d.	Have you <u>ever</u> been convicted of, or entered the practice of appraisal or real estate?	l a plea of guilty o	or nolo contendere to, a felony relating to	☐ Yes ☐ No		
5.	<u>CHILD SUPPORT DECLARATION</u> (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 chi	ld.			
		I <u>am</u> 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 <u>am</u> 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.					
6.	AC	KNOWLEDGEMENT					
	are in c	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.					
	Pri	nt Name:		Signature:			
	Vei	rification upon oath:					
	ST	ATE OF:	} ss.				
	СО	UNTY OF:					
	Sig	ned and sworn to (or affirmed) before me	e on (date)	by			
		Seal		Signature of Notary:			



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 employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- 1. You must be notified by <u>Nevada Real Estate Division</u> (*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. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
- 3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
- 4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
- 5. If you have a criminal history record, you should be afforded a reasonable amount to time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:	
 Initial	 Date ag

- 6. 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 https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.
- 7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed 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.)
- 8. 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.
- 9. I hereby authorize Nevada Real Estate Division (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.
- 10. 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
Applicant's Signature:			
Date:			
Agency Account #:	880131		
Agency Representative:			
PLEASE PRINT	Last Name	First Name	Middle
Agency Representative S	ignature:		
Date:			