

6. Owner Information: (for each individual or business entity owning more than 10% of AMC)

Space is provided for two owners. Attach an additional copy of this page if there are more than two owners of more than 10% .

Individual

- *Submit a separate Owner/Primary Contact Background History form.*

Business Entity

- *Submit a separate Owner/Primary Contact Background History form.*
- *Attach a copy of the business formation documents showing the ownership structure of the business entity.*
- *If the Business Entity has multiple owners, calculate % ownership for each Business Entity Owner:*

*A is the Business Entity's % ownership of the AMC and B is the Business Entity Owner's % ownership of the Business Entity;
If C is > 10%, then the Business Entity Owner must also submit a separate Owner/Primary Contact Background History form.*

Business Entity Owner #1 _____ A: X B: = C:

Business Entity Owner #2 _____ A: X B: = C:

Business Entity Owner #3 _____ A: X B: = C:

_____ % Ownership of AMC

Name

E-mail Address

Phone Number

Individual

- *Submit a separate Owner/Primary Contact Background History form.*

Business Entity

- *Submit a separate Owner/Primary Contact Background History form.*
- *Attach a copy of the business formation documents showing the ownership structure of the business entity.*
- *If the Business Entity has multiple owners, calculate % ownership for each Business Entity Owner:*

*A is the Business Entity's % ownership of the AMC and B is the Business Entity Owner's % ownership of the Business Entity;
If C is > 10%, then the Business Entity Owner must also submit a separate Owner/Primary Contact Background History form.*

Business Entity Owner #1 _____ A: X B: = C:

Business Entity Owner #2 _____ A: X B: = C:

Business Entity Owner #3 _____ A: X B: = C:

_____ % Ownership of AMC

Name

E-mail Address

Phone Number

7. Appraiser Contact Information: (must be a licensed or certified appraiser)

Name

Certification/License No.

State

Expiration Date

Business Street Address OR P.O. Box No.

City

State

Zip Code

Phone Number

Email Address

8. Additional Controlling Person(s): (must meet the definition of "controlling person" in Section 1104.003(b)(6) Texas Occupations Code)

Name

Business Street Address OR P.O. Box No.

City

State

Zip Code

Email Address

Phone Number

Name

Business Street Address OR P.O. Box No.

City

State

Zip Code

Email Address

Phone Number

9. Has the AMC ever (1) had any professional or occupational license or certification suspended, canceled or revoked; (2) voluntarily surrendered any professional or occupational license; (3) received a reprimand or disciplinary action; or (4) had an application for such denied in Texas or any other state? Yes No

If YES, submit a complete written explanation and appropriate documentation such as final orders, etc.

10. Are there any complaints, disciplinary hearings or investigations pending against any professional or occupational licenses held by the AMC? Yes No

If YES, submit a complete written explanation and appropriate documentation such as final orders, etc.

11. (a) Has the AMC ever been convicted of a criminal offense? (Include **ALL** felonies and misdemeanors) Yes No

(b) Has the AMC ever been placed on probation, community supervision or deferred adjudication? Yes No

(c) Are there any criminal charges pending against the AMC? Yes No

If the answer to (a), (b), or (c) is YES, submit copies of all indictments, orders and charges, and a written explanation.

12. In the past four (4) years, has the AMC had a civil judgment rendered against it, or are there any civil suits pending against it on one of the following grounds; (a) fraud; (b) intentional or knowing misrepresentation; or (c) grossly negligent misrepresentation in the making of real estate appraiser services? Yes No

If YES, submit copies of all petitions and judgments and a complete written explanation, including whether or not the judgment has been paid.

Be certain that your application:

- * Is complete - incomplete applications cannot be processed and will be returned
- * Is signed and dated
- * Includes original, signed Owner/Primary Contact Background History forms for all required individuals and entities
- * Includes copies of required documents for any "YES" answers
- * Includes current Certificate of Good Standing

PRIVACY NOTICE

In accordance with Chapter 559, Government Code, the following notice about certain information laws and practices is given.

- (1) With few exceptions, an individual is entitled on request to be informed about the information that a state governmental body collects about the individual.
- (2) Under Sections 552.021 and 552.023 of the Governmental Code, the individual is entitled to receive and review the information.
- (3) Under Section 559.004 of the Governmental Code, the individual is entitled to have the governmental body correct information about the individual that is incorrect.