

## AMC 2: Controlling Person/Owner Form

This form is fillable

### GENERAL INSTRUCTIONS

- The applicant AMC must submit this form for the individual listed as the Controlling Person and each owner of more than 10% of the AMC. Use this form when registering a new AMC (along with form AMC-1), when changing the Controlling Person, and/or when adding a new owner of more than 10%
- The AMC-1 and AMC-2 forms should not be submitted until the fingerprint cards have been imprinted and mailed along with payment of the \$57 fee (per card) payable to KBI.
- Page 3 of this form contains a section which must be completed by Fingerprint Agency at the time fingerprints are taken.
- Submit completed application (pages 1-3), fingerprint card and all supporting documentation by mail to:  
**Kansas Real Estate Appraisal Board, Jayhawk Tower, 700 SW Jackson, Ste 804, Topeka, KS 66603**
- Keep pages 4 & 5 for your records

### PART I – Appraisal Management Company Info

List the name of the AMC and the Federal Employer Identification Number below.

AMC Name	FEIN
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### PART II – Controlling Person/Owner Contact Info

Provide demographic and contact information for the Controlling Person and all owners of more than 10% of the AMC.

#### A) DEMOGRAPHICS

- FULL NAME: \_\_\_\_\_  
LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_  
List any other names you have been known by (including maiden name): \_\_\_\_\_
- \*SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- DATE OF BIRTH: \_\_\_\_\_ MM/DD/YYYY  
GENDER: FEMALE \_\_\_\_\_ MALE \_\_\_\_\_
- WHAT IS YOUR ROLE WITH THIS AMC? **CONTROLLING PERSON** **OWNER OF MORE THAN 10%** % OF OWNERSHIP \_\_\_\_\_

#### B) CONTACT INFORMATION

- RESIDENCE ADDRESS (Must be a street address): \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_
- MAILING ADDRESS (if different): \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

#### C) BUSINESS INFORMATION

- BUSINES NAME: \_\_\_\_\_  
BUSINESS ADDRESS (Must be a street address): \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_

\*Your SSN is required pursuant to 42 U.S.C. 666, K.S.A. 74-148 and K.S.A. 74-139 and may be used for child support enforcement purposes or provided to the Kansas Director of Taxation upon request. The last six digits will be provided for the registry maintained by the Appraisal Subcommittee of the Federal Financial Institutions Examination Council pursuant to federal law.

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### PART III – Real Estate Appraiser Credentialing Info

**If any questions in this section are answered YES, you must attach a detailed explanation and/or supporting documentation**

#### A) LICENSE HISTORY

1. DO YOU NOW, OR HAVE YOU IN THE PAST, HELD AN APPRAISER'S LICENSE/CERTIFICATE (INCLUDING PROVISIONAL) IN THE STATE OF KANSAS?

NO                    YES                    If YES, provide the license/certification number: \_\_\_\_\_

2. DO YOU NOW, OR HAVE YOU IN THE PAST, BEEN LICENSED OR CERTIFIED AS AN APPRAISER IN ANY OTHER STATE?

NO                    YES                    List ALL states: \_\_\_\_\_

### PART IV – Declaration

In responding to the following questions, select NO if the record has been sealed or expunged AND you have personally verified that your record was sealed or expunged. **If any question in this section is answered YES, you must attach an explanation including dates, locations, disposition, etc. A copy of the complaint, filed adjudication or settlement is also required.**

#### A) CRIMINAL HISTORY

1. HAVE YOU EVER PLED GUILTY, NOLO CONTENDERE, OR BEEN CONVICTED OF ANY FELONY?

NO                    YES

2. HAVE YOU BEEN A PARTY TO ANY CIVIL ACTION INVOLVING DISHONESTY, BREACH OF TRUST, OR A FINANCIAL DISPUTE WITHIN THE LAST TEN YEARS?

NO                    YES

I, \_\_\_\_\_, the Controlling Person or Owner of more than 10% of the AMC identified in Part I above, state that I have read the foregoing form and that the answers supplied, including all supporting documents attached, are true and correct to the best of my knowledge and belief. I further certify that:

- I agree individually and on behalf of the AMC to comply with the Kansas Appraisal Management Company Registration Act and the administrative rules adopted by the Kansas Real Estate Appraisal Board in all conduct under any certificate of registration issued; and
- I understand that an intentional misrepresentation of any fact required to be disclosed on this form constitutes a violation of the Kansas Appraisal Management Company Registration Act and shall be cause for refusal or revocation of the certificate of registration. I understand and agree that the Kansas Real Estate Appraisal Board may conduct a criminal history background investigation.

\_\_\_\_\_

DATE

\_\_\_\_\_

APPLICANT SIGNATURE

## AMC 2: Controlling Person/Owner Form

### Waiver Agreement and FBI Privacy Act Statement

**This form is fillable**

I hereby authorize the Kansas Real Estate Appraisal Board (KREAB/Authorized Recipient) to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. Pursuant to K.S.A. 22-4701 et seq. and K.S.A. 22-5001, the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, if any, received on me, for the purpose to challenge the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 (CFR 50.12(b)).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure, or standard established by the National Crime Prevention and Privacy Compact Council. (See 5 United States Code (USC) 552a(b); 28 USC 534(b); 42 USC 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).)

#### **PART V- Waiver Agreement**

APPLICANT NAME (print): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

**Have you ever been convicted of a crime? NO      YES**

*If YES, list the offense, date, location and court below:*

Under penalty of perjury, I hereby declare that I am the person described above and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under the provisions of Title 21 Kansas Statutes Annotated, Section 3805.

\_\_\_\_\_

\_\_\_\_\_

#### **TO BE COMPLETED BY FINGERPRINTING AGENCY**

**Type of ID used for Verification:** Drivers License      Military ID      State Issued ID Card

**State/Branch Issuing the Above ID:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_

Fingerprinting Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Agency Fax: \_\_\_\_\_

Name of Individual Verifying Identity: \_\_\_\_\_

## Waiver Agreement and FBI Privacy Act Statement

**KEEP THIS PAGE FOR YOUR RECORDS**

### **RIGHT TO OBTAIN AND CHALLENGE ACCURACY OF CRIMINAL HISTORY RECORDS**

You may request a copy of your state and/or national criminal history record from the Authorized Recipient for the purpose of challenging for accuracy and completeness.

Alternately, you may obtain a copy of your Kansas criminal history record information (CHRI) to review for accuracy and completeness, by submitting a set of your fingerprints, a letter requesting your criminal history record, and payment of the appropriate fee to the KBI. For further details, including the current fee, visit the following Internet website: [http://www.kansas.gov/kbi/info/info\\_brochures.shtml](http://www.kansas.gov/kbi/info/info_brochures.shtml), then find the brochure named "Record Checks for Non-Criminal Justice Purposes."

Or, to provide official court documents to make a correction you may write to:

Kansas Bureau of Investigation  
Attn: Criminal History Records  
1620 SW Tyler  
Topeka, Kansas 66612-1837

If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer, or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

To obtain a copy of your national CHRI, also known as the Identity History Summary, for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. Information regarding this process may be obtained at: <http://www.fbi.gov/services/cjis/identity-historysummary-checks>.

Or, you may write to:

FBI CJIS Division  
Attn: Criminal History Analysis Team 1  
1000 Custer Hollow Road Clarksburg  
West Virginia 26306

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly 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). KREAB must submit a new set of fingerprints to receive the updated federal criminal history record.

## Waiver Agreement and FBI Privacy Act Statement (Cont'd)

**KEEP THIS PAGE FOR YOUR RECORDS**

### **FBI PRIVACY ACT STATEMENT**

**Authority:**

The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C.534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to, 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

**Social Security Account Number (SSAN):**

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the Authorized Recipient is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:**

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**Routine Uses:**

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

**Additional Information:**

The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).