



**Appraisal Management Company
Supplemental Ownership**

Use this form when an appraisal management company (AMC) ownership changes from an entity ownership to individuals. An Appraisal Management Company Owner Registration form must also be done for each individual listed on this form.

Submit online: <https://professions.dol.wa.gov>

Or mail this completed form to:

**Appraisal Management Company Program
Department of Licensing
PO Box 9021
Olympia, WA 98507-9021**



27030-SUPPORTING

For questions or language help call: (360) 664-6504 or email dolbpdamc@dol.wa.gov

Select one

- New appraisal management company license application
- Updating Ownership List

A. Company information

TYPE or PRINT Appraisal management company name	
UBI/UBI Business ID/UBI Location ID (16 digits)	Name company will do business as
Designated controlling person (DCP) name (<i>First, Middle initial, Last</i>)	
DCP (Area code) Phone number and extension	DCP email

B. Owning entity (business)–if applicable

TYPE or PRINT Owning business name	(Area code) Phone number
Mailing address, City, State, ZIP code	
Contact person name (<i>First, Middle, Last</i>)	
Contact person (Area code) Phone number	Contact person email

C. Individuals owning 10 percent or more of AMC–if applicable

1 TYPE or PRINT Name (<i>First, Middle, Last</i>)	Email
Complete mailing address (<i>Street, City, State, ZIP code</i>)	
2 TYPE or PRINT Name (<i>First, Middle, Last</i>)	Email
Complete mailing address (<i>Street, City, State, ZIP code</i>)	
3 TYPE or PRINT Name (<i>First, Middle, Last</i>)	Email
Complete mailing address (<i>Street, City, State, ZIP code</i>)	
4 TYPE or PRINT Name (<i>First, Middle, Last</i>)	Email
Complete mailing address (<i>Street, City, State, ZIP code</i>)	

If you need more room attach a separate sheet or form.

D. Legal background

Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.

- 1. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit? Yes No
- 2. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) Yes No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Date and place

TYPE or PRINT Name

X

Applicant signature

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.