



**Real Estate Appraiser Board
 RESPONSIBLE PERSON CHANGE APPLICATION
 No Fee Required**

1. Appraisal Management Company Virginia License No.:

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2. Appraisal Management Company Name _____
3. Email Address _____
4. Contact Number _____
Primary Telephone

5. Appraisal Management Company's **Responsible Person**:
- A. Name of **current** Responsible Person
- _____ Last _____ First _____ Middle _____ Generation _____
- B. Name of **new** Responsible Person
- _____ Last _____ First _____ Middle _____ Generation _____
- C. **New** Responsible Person's Address _____
- _____ City _____ State _____ Zip Code _____

- D. **New** Responsible Person's Identification Number: (Provide **one** of the following)
- Individual's Social Security Number* **or**

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- Virginia Department of Motor Vehicles Control Number Social Security or Virginia DMV Number (123-45-6789)

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

- E. **New** Responsible Person's Date of Birth _____
MM/DD/YYYY
- F. **New** Responsible Person's VA Real Estate Appraiser License No.

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6. Does the **new Responsible Person** hold a **current** or **expired** appraiser license, certification or registration issued by any (including Virginia) state or territory of the United States?
- No
- Yes If yes, complete the following table:

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

OFFICE USE ONLY	DATE	FEE NO FEE	TRANS CODE 5010	ENTITY # 40	FILE #/LICENSE #	ISSUE DATE
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7. Has the ***new*** Responsible Person ever been subject to a ***disciplinary action*** or any other corrective action taken by any (including Virginia) local, state or national regulatory body? This includes, but is not limited to, reprimand, revocation, suspension or denial of license, imposition of a monetary penalty, and required to complete remedial education.

No

Yes If yes, provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

8. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if the firm, the controlling person(s), the responsible person and any person who owns 10 percent or more of the firm is subject to any disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understood and complied with all the laws of Virginia under the provisions of Title 54.1, Chapter 20.2 of the *Code of Virginia*, and the *Appraisal Management Company Regulations*.

Signature of Owner or Controlling Person of the firm:

Print Name _____ Title _____

Signature _____ Date _____