STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION

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

INDIVIDUAL REGISTRATION of a PRINCIPAL, GENERAL PARTNER, DIRECTOR, OFFICER, OWNER OF MORE THAN 10% or a 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 **$40.00**, made payable to the Nevada Department of Public Safety (DPS) ***or*** attach a Verification of fingerprints taken by an approved vendor (see Form 619).

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. **NON-NEVADA RESIDENTS:** 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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APPLICATION for the INDIVIDUAL REGISTRATION of an OFFICER, PRINCIPAL, GENERAL PARTNER, DIRECTOR, OWNER OF MORE THAN 10% or TRUSTEE of an APPRAISAL MANAGEMENT COMPANY

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 (if applicable): _____

City: _____ State: _____ Zip Code: _____

Last 4 of Social Security Number or Federal Tax ID: _____ Date of Birth: _____

Phone Number: _____ Cell Phone: _____ Email Address: _____

2. COMPANY INFORMATION: Location in which you will be conducting appraisal services as registered on Form 571 (Main Office) or 571B (Branch Office).

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____ Email Address: _____

3. NEVADA RESIDENT? ☐ Yes ☐ No

If NO, complete the Consent to Service of Process, Form 656.

DIVISION USE ONLY

Date: _____ Receipt Number: _____ Processor Initials: _____

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4. CRIMINAL/BACKGROUND HISTORY: *If your answer is **YES** to any of the following questions, attach the order as a result of the proceedings. On an attached sheet, give full details including the administrative agency, court, and title of the proceeding, disposition, and any other pertinent information.*

a. Have you ***ever*** had a professional or occupational license issued by any state, district or territory of the United States or any foreign country suspended, revoked, or voluntarily surrendered in lieu of suspension or revocation? ☐ **Yes** ☐ **No**

b. Have you ***ever*** 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 ***ever*** been convicted of, or entered a plea of guilty or nolo contendere to, a felony or any crime involving fraud, misrepresentation or moral turpitude? ☐ **Yes** ☐ **No**

d. Have you ***ever*** been convicted of, or entered a plea of guilty or nolo contendere to, a felony relating to the practice of appraisal or real estate? ☐ **Yes** ☐ **No**

5. CHILD SUPPORT DECLARATION (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 child.

☐ I **am** 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 **am** 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. ACKNOWLEDGEMENT

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.

Print Name:_____ Signature:_____

Verification upon oath:

STATE OF: _____ } ss.

COUNTY OF: _____

Signed and sworn to (or affirmed) before me on (date)_____ by_____

Seal

Signature of Notary: _____.

Nevada Department of
Public Safety
Fingerprint Background Waiver

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 **Nevada Real Estate Division** (*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*

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 Signature: _____

Date: _____