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## INSTRUCTIONS FOR CRIMINAL RECORDS CHECK

When an initial application for an appraisal management company (AMC) license is filed with the Division, each owner owning ten percent or more of the AMC and the controlling person for the AMC are required to complete a criminal records check of **both state and FBI records**. This requirement also applies to any new controlling person resulting from a change with the controlling person or for the addition of any new owner (owning ten percent or more) for the AMC.

- Electronic fingerprints must be taken by a Webcheck® user (a business, government agency or private entity that provides criminal record check services) approved by the Bureau of Criminal Identification and Investigation (BCI&I).
- Those subject to this requirement must contact and arrange with a Webcheck® user to have electronic fingerprints taken and submitted to BCI&I using the Webcheck® system. Government issued photo identification should be taken to the Webcheck® location. Some Webcheck® users can only submit fingerprints for a state records check and *not* an FBI records check. Those subject to this requirement should confirm the Webcheck® user can submit **both state and FBI fingerprints** to BCI&I.

A list of Webcheck® users may be found on the web at:

<http://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck/Locations>

Additional information on Webcheck® may be found at:

<http://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck>  
or obtained from BCI&I at (877) 224-0043 or P.O. Box 365 London, Ohio 43140

- Ohio Attorney General's Office allows for limited exceptions to providing electronic fingerprints to a Webcheck® user. Please contact BCI&I at 877-224-0043 to obtain a fingerprint card and an exemption form. Please consult the exemption form carefully to see if an exception applies.
- Fingerprints must be provided within ten (10) days after the date of filing of the application, and fingerprints should not be taken before the filing of the application with the Division of Real Estate.
- Those subject to this requirement must pay all fees associated with the criminal records check at the time the fingerprints are taken.
- **The BCI&I Reason Code is 4768.06 and/or 121.08 & the FBI Reason Code is 121.08.**
- BCI&I must directly send the results (state and FBI criminal records check) to the Division at this address:

**Division of Real Estate and Professional Licensing  
77 S High St., 20<sup>th</sup> Fl.  
Columbus, OH 43215**

- BCI&I generally submits results to the Division within thirty (30) days of BCI&I's receipts of the fingerprints.

Failure to timely comply with the criminal records check requirement may result in the denial of an application.



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- **You may obtain a copy of your FBI Identification Record by sending a request to:**

**FBI's CJIS Division  
Attn: Record Request  
1000 Custer Hollow Rd.  
Clarksburg, WV 26306**

**You are required to provide the following:**

- Your written request.
- Payment for a processing fee, either by certified check or money order made payable to the Treasury of the United States, or a credit card. For payment information, refer to [www2.fbi.gov/hq/cjisd/fprequest.htm](http://www2.fbi.gov/hq/cjisd/fprequest.htm).
- A current, original ten print fingerprint submission (not previously processed) taken by a local law enforcement agency and bearing your **name, date of birth, and place of birth.**

**If, after reviewing your record, you believe it is inaccurate or incomplete, you may challenge the record by contacting the agency (or agencies) that originally submitted the information or by sending your challenge to:**

**FBI's CJIS Division  
Attn: Correspondence Group  
1000 Custer Hollow Rd  
Clarksburg, WV 26306**

**Individuals requesting a Challenge and Review of their Ohio criminal history record, should utilize the following procedure.**

- A written request for a challenge & review must be submitted to the Ohio Bureau of Criminal Identification & Investigation, Identification Division. This request must include a brief explanation for the reason the record is being challenged, the individuals name and complete mailing address.
- The individual must be fingerprinted by a law enforcement or criminal justice agency to provide positive identification. All data fields on the fingerprint card must be completely filled out. To ensure expeditious processing the reason fingerprinted data field should contain "Challenge & Review" (There is no fee charge for this service).
- The required items listed above should be mailed together to:

**Ohio Bureau of Criminal Identification & Investigation  
Attn: Challenge & Review  
PO Box 365  
London, Ohio 43140**



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APPRAISAL MANAGEMENT COMPANY

Application FEE: \$1,000.00

FOR DIVISION USE ONLY

Section 1a: Appraiser Management Company Information

Form with fields: LEGAL NAME OF COMPANY, FEDERAL TAX ID#, DOING BUSINESS AS NAME, PRINCIPAL BUSINESS PHONE, PRINCIPAL BUSINESS ADDRESS, PRINCIPAL BUSINESS FAX, CITY, STATE, ZIP CODE, OHIO SECRETARY OF STATE ENTITY#, EMAIL ADDRESS, COMPANY BUSINESS STRUCTURE (check one) Corporation, LLC, Partnership, Sole Proprietor

Ethical & Legal History Questions (to be completed for the Appraisal Management Company)

Please attach to this application any materials or explanations for any questions answered yes.

Table with 3 columns: YES/NO checkboxes and questions: Has the AMC had a professional or occupational credential disciplined for any reason in any jurisdiction? Has the AMC been notified it was under investigation in any jurisdiction? Has the AMC been refused or denied an AMC credential in any jurisdiction? Is the AMC presently the subject of any unsatisfied judgments? Is the AMC the subject of any final or pending civil suits or criminal actions in any jurisdiction?\*

\* For any court or case related material, please provide the name of the court or adjudicatory body and the case number. Materials or explanations may include, but are not limited to copies of the following: adjudication orders, investigation notices and credential denial notices issued by an agency; criminal or civil complaints; or final judgment entries.

Continue to the next page and complete the Controlling Person/Owner Information



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Section 1b: Controlling Person Information

FIRST NAME MIDDLE INITIAL LAST NAME

DATE OF BIRTH SOCIAL SECURITY NUMBER EMAIL

BUSINESS ADDRESS BUSINESS PHONE

CITY STATE ZIP CODE BUSINESS FAX

HOME ADDRESS HOME PHONE

CITY STATE ZIP CODE

15 Hour USPAP Course Information (attach a copy of the Attendance Certificate with this application)

COURSE PROVIDER DATE COURSE TAKEN

Ethical & Legal History Questions (to be completed by the controlling person) Please attach to this application any materials or explanations for any questions answered yes.

Table with 3 columns: YES/NO checkboxes, YES/NO checkboxes, and question text regarding credentials, investigations, and convictions.

\*For any court or case related material, please provide the name of the court or adjudicatory body and the case number. Materials or explanations may include, but are not limited to copies of the following: adjudication orders, investigation notices and credential denial notices issued by an agency; criminal or civil complaints; or final judgment entries.

77 South High Street
20th Floor
Columbus, Ohio 43215
Rev. 8/2018

Anne M. Petit, Superintendent
An Equal Opportunity Employer and Service Provider

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TTY/TDD 800-750-0750
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**Controlling Person Statement**

By and through this application for an Ohio Appraisal Management Company (AMC) license, the undersigned affirms that he or she has been designated or is duly authorized by the AMC to act on the AMC's behalf and all information provided in connection with current or future AMC license applications, including any attachments, is true and accurate.

\_\_\_\_\_  
Name of Controlling Person (please print)

\_\_\_\_\_  
Signature of Controlling Person

Sworn to and subscribed before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ .

(NOTARY SEAL)

\_\_\_\_\_  
SIGNATURE OF NOTARY



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Section 1c: Owner Information (complete this page for each person owning 10% or more OR any owners who hold or have held an appraiser credential)

Form with fields for FIRST NAME, MIDDLE INITIAL, LAST NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER, EMAIL ADDRESS, OWNERSHIP TYPE (checkboxes for Sole Proprietor, Partner, President, Trustee, Director, Member/Owner, Owner), HOME ADDRESS, HOME PHONE, CITY, STATE, ZIP CODE.

Appraiser Credential Information (use additional copies of this page, if necessary)

Table with 5 columns: State, License/Certification Type, Credential #, Expiration Date, Standing. Each row contains checkboxes for license types and a question about good standing with YES/NO options.

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Section 3: Consent to Service of Process

STATE OF \_\_\_\_\_ :
: SS
COUNTY OF \_\_\_\_\_ :

I, \_\_\_\_\_ state the following:
Insert the name of the Controlling Person (please print)

- 1. I am the Controlling Person for \_\_\_\_\_
Insert Name of Appraisal Management Company (please print)
2. I am duly authorized by the above-mentioned appraisal management company to act on their behalf in this matter, and I hereby irrevocably consent, stipulate, and agree that administrative proceedings authorized pursuant to Ohio Revised Code Chapter 4768 may be commenced by service of process as found in Ohio Administrative Code 1301:16-1-06 and such service shall be legally valid and binding on the appraisal management company.
3. Prior to executing this consent to service of process, I have had the opportunity to review Ohio Administrative Code 1301:16-1-06, to seek legal counsel, and obtain representation and/or advice.
4. I am executing this consent to service of process voluntarily, knowingly and intelligently and with full knowledge of its significance.

\_\_\_\_\_  
Name of Controlling Person (please print)

\_\_\_\_\_  
Signature of Controlling Person

Sworn to and subscribed before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ .

(NOTARY SEAL)

\_\_\_\_\_  
SIGNATURE OF NOTARY



**Section 4: National Registry Fee**

2a. In the last 12 months immediately preceding the date of this application, how many appraisers were on your appraiser panel\* for covered transactions\*\* located within the State of Ohio? \_\_\_\_\_

2b. In the last 12 months immediately preceding the date of this application, how many appraisers were on your appraiser panel\* for covered transactions\*\* located outside the State of Ohio? \_\_\_\_\_

\* **“Appraiser panel”** means a network, list or roster of licensed or certified appraisers approved by an AMC to perform appraisals as independent contractors for the AMC.

\*\* **“Covered transaction”** means any consumer credit transaction secured by the consumer’s principal dwelling.

An appraiser is deemed part of the AMC’s appraiser panel as of the earliest date on which the AMC: (1) Affirms acceptance of the appraiser for the AMC’s consideration for future appraisal assignments in covered transactions or for secondary mortgage market participants in connection with covered transactions; OR (2) Engages the appraiser to perform one or more appraisals on behalf of a creditor for a covered transaction or secondary mortgage market participant in connection with covered transactions.

For an appraiser to be removed from an appraiser panel, the AMC must send written notice to the appraiser removing the appraiser from the appraiser panel, with an explanation of its action; OR the AMC must receive written notice from the appraiser asking to be removed from the appraiser panel or notice of the death or incapacity of the appraiser.

If an appraiser is removed from an AMC’s appraiser panel pursuant to the previous paragraph, but the AMC subsequently re-admits or engages the appraiser at any time during the twelve months after the AMC’s removal, the removal will be deemed not to have occurred, and the appraiser will be deemed to have been part of the AMC’s appraiser panel without interruption. (12 C.F.R. Section 323.9)



**Section 5: Certification**

- I certify the Appraiser Management Company (AMC) in this application has a system or process in place to verify that any appraiser added to this AMC’s appraiser panel for the purpose of performing real estate appraiser services in this state holds a license or certificate pursuant to Chapter 4763 of the Revised Code and is in good standing in Ohio.
- I certify this AMC has a system or process in place to review the work of appraisers who are performing real estate appraisal services for compliance with Uniform Standards of Professional Appraisal Practice (USPAP).
- I certify I have successfully completed the fifteen hour USPAP class and will submit proof of completion of the seven hour USPAP update class at least once every two years.
- I certify this AMC has a system or process in place to disclose to its client(s) the actual fees paid to an appraiser for appraisal services, separate from any other fees or charges related to appraisal management services.
- I certify this AMC has a system or process in place which will disclose the license number of the AMC on each engagement letter for each Ohio appraisal assignment.
- I certify that I and each owner of the AMC are at least eighteen years of age, have graduated from the twelfth grade or received a high school equivalence (G.E.D.) as defined in section 4109.06 of the Revised Code, and honest, truthful and of good moral character. I certify that I and each owner of the AMC have not had an appraiser credential refused, denied, canceled, surrendered or revoked in this state or any other state for a substantive reason.
- I certify this AMC acknowledges that the Ohio Real Estate Appraiser Board or the Superintendent of the Division of Real Estate & Professional Licensing (Division) may require this AMC to submit to an audit, conducted by the staff of the Division, of the AMC’s operations or books.
- I certify this AMC will report to the Division any suspected violations of Chapter 4763 of the Revised Code by a person licensed, registered or certified under that chapter.
- I certify and acknowledge that this AMC is required to comply with section 129e of the “Truth in Lending Act,” 82 Stat. 146, 15 U.S.C. 1639e.
- I certify the information or statements provided in this application and in all attached materials is complete and accurate. I understand that any false information or statements in this application and in any attached materials may subject me to criminal prosecution and the loss of the Ohio AMC license.

\_\_\_\_\_  
Signature of Controlling Person

\_\_\_\_\_  
Date