



BIOGRAPHICAL AFFIDAVIT

Each owner (individual or entity) that has more than a ten percent (10%) ownership interest in the appraisal management company must complete this affidavit and submit to the Department of Insurance, Securities and Banking as part of the Appraisal Management Company application.

OWNER INFORMATION

If entity:

Ownership Percentage:	0.00%	
Entity Name:		
Federal Tax ID/EIN:		
Place of Formation:		
Business Address:		
City:	State:	Zip Code:
Email:		
Appraiser License(s) or Certification(s) No.:		
Mailing Address (If different from above):		
City:	State:	Zip Code:

If individual:

Ownership Percentage:	0.00%	
Last Name:		
First Name:	MI:	
Have you legally changed your name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Maiden/Former Name:		
Date of Birth:	Place of Birth:	
Social Security Number:		
Home Address:		
City:	State:	Zip Code:
Phone Number:		
Email:		
Appraiser License(s) or Certification(s) No.: (If applicable):		

PERSONAL HISTORY QUESTIONS (For Individuals to Complete)

If you answer yes to either question, provide a written explanation and any additional information as specified.

1. Have you ever had an appraiser certificate or license refused, denied, canceled, surrendered in lieu of revocation, or revoked in the District or any state? If yes, attach a copy of the licensing agency's order and any other documentation regarding the disposition.
 Yes No

2. Have you ever been convicted of or entered a plea of nolo contendere to a felony relating to the practice of appraisal, banking, mortgage lending, or the provision of financial services, or a crime involving fraud, misrepresentation, or moral turpitude? If yes, provide a full written statement, and a copy of court disposition.
 Yes No

I have carefully read the questions and have answered them completely, without reservation of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information, I hereby understand that such act may constitute a violation of the District of Columbia Appraisal Management Company Regulation Emergency Act of 2019, and any applicable regulations. I further give my consent to the Department of Insurance, Securities and Banking to conduct a criminal background check on me.

Signature

Date

Printed Name

Title