



**State of Rhode Island and Providence Plantations  
DEPARTMENT OF BUSINESS REGULATION  
1511 Pontiac Avenue, Bldg. 69-1  
Cranston, Rhode Island 02920**

**Division of Commercial Licensing  
Real Estate Appraisers Section**

**CHANGE OF CONTROLLING PERSON**

<b>Controlling Person</b>			
Name of AMC Controlling Person _____			
Street Address _____	City _____	State _____	Zip Code _____
Telephone Number _____	Email Address _____		
1. Has the AMC Controlling Person ever had their appraisal license or certification denied, suspended or revoked, in this state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <b>If yes, attach a statement of explanation.</b>			
2. Has the AMC Controlling Person ever had or currently have any disciplinary actions taken against them in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, attach a statement of explanation.</b>			
3. Has the AMC Controlling Person ever been convicted of or plead nolo contendere to any criminal offense (other than minor traffic offences), in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, attach an explanation and/or disposition.</b>			
4. You must submit a copy of your Criminal History Record (CHR) from the Rhode Island Department of the Attorney General. If you are not a resident of Rhode Island, you must also submit a Criminal History Record from your home state law enforcement agency.			

**CONSENT TO SERVICE OF PROCESS**

Pursuant to R.I. Gen. Laws § 5-20.9-5, The undersigned \_\_\_\_\_,  
 (name of AMC)  
 an entity organized under the law of \_\_\_\_\_, having applied to be registered as an AMC in Rhode Island, hereby irrevocably consent that service of process in any action arising out of the registrant's activities as an appraisal management company in Rhode Island may be made by delivery of the process on the Director.

\_\_\_\_\_  
*Name of Controlling Person*                      *Signature of Controlling Person*                      *Date*

**Controlling Person ONLY**

I swear, under penalty of perjury that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny licensure by the Rhode Island Department of Business Regulation.

\_\_\_\_\_  
*Name of Controlling Person*                      *Signature of Controlling Person*                      *Date*