AFFIDAVIT OF OWNERSHIP

Name, address and contact information for any member/officer/individual or business entity of the Appraisal Management Company. All changes in ownership or control of a real estate Appraisal Management Company shall be reported within thirty (30) days of such change by filing a new Affidavit of Ownership form.

Name of Appraisal Management Company			
Name			
Address	City	State	Zip code
Telephone	Fax	Email Address	
Is Member/Officer: Certified Residential Certified General Unlicensed or Other License	Appraisal License Number/State	Percentage of Ownershi	ip
	raisal management company had a licens sfer of real property denied, suspended, No If yes, attach a copy of the f	, restricted or revoked	in this state or any
Maryland or anywhere else of a crin probation before judgment? Y	r than ten percent of this appraisal manaminal offense other than a minor traffies No If yes, please indicat rue test or certified copy of the court documents.	ic offense or an offen e all such offenses inc	nse that resulted in
limited your contact or dealings with a acting in a fiduciary capacity?	placed on probation, parole or supervisiony financial or real estate-related activities No If yes, please indicate rue test or certified copy of the court documents.	ty or business or other e all such offenses inc	wise restricted your
management companies receiving and maccordance with Maryland law that I am I that I have answered each question fully providing false information is grounds for	dance with Maryland law, to abide by all fed- aintaining a Registration under Maryland 8 years of age or older and that the foregoin and truthfully without any purpose of evas or denial or revocation of any registration and in conjunction with this application entitles of in an individual capacity.	law. I declare under g information provided is sion or mental reservation and may subject me to o	penalty of perjury in is true and correct and on. I understand that disciplinary action. I
Applicant Signature:		Date:	