Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-2039
www.dpor.virginia.gov



Real Estate Appraiser Board RESPONSIBLE PERSON CHANGE APPLICATION No Fee Required

Apprais	al Man	agement Com	party virginia L	icense in	0.:				
Appraisal Management Company Name									
Email A	Email Address								
Contact	: Numb	er							
			• •		_				
		•			erson:				
	Last			First			Middle		Generation
B.	Name	of <u>new</u> Resp	onsible Person						
	Last			First			Middle		Generation
C.	<u>New</u>	Responsible F	^o erson's Addre	ss					
n	Now	Raenoneihla F	Parson's Idantifi			Provide one (tate	Zip Code
D.		•		s la	,	TOVIGE ONE	or the following)	_	
* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued									
E. New Responsible Person's Date of Birth									
				_	MM/D!	D/YYYY			
F.	<u>New</u>	Responsible P		al Catata					
. Does the <u>new</u> Responsible Person hold a <u>current</u> or <u>expired</u> appraiser license, certification or registration issue any (including Virginia) state or territory of the United States?									
		Responsible	Person hold a	a <u>current</u>	or <u>expire</u>			or registra	ition issued by
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	Apprais Email A Contact Apprais A. B. C. D. * Sta by E. F.	Appraisal Mana Email Address Contact Number Appraisal Mana A. Name Last B. Name Last C. New D. New In V. * State law recomp the Comme E. New In New In	Appraisal Management Com Email Address Contact Number Appraisal Management Com A. Name of current Re Last B. Name of new Responsible Re Last C. New Responsible Re Individual's Socia Virginia Departm * State law requires every applica by the Commonwealth to provid E. New Responsible P	Appraisal Management Company Name Email Address Contact Number Primary Telephor Appraisal Management Company's Respon A. Name of current Responsible Person Last B. Name of new Responsible Person Last C. New Responsible Person's Addres D. New Responsible Person's Identifi Individual's Social Security Numb Virginia Department of Motor Veh * State law requires every applicant for a license, certify the Commonwealth to provide a social security numb E. New Responsible Person's Date or	Appraisal Management Company Name Email Address Contact Number Primary Telephone Appraisal Management Company's Responsible Person A. Name of current Responsible Person Last B. Name of new Responsible Person Last First C. New Responsible Person's Address D. New Responsible Person's Identification Not Individual's Social Security Number or Individual's State law requires every applicant for a license, certificate, regist by the Commonwealth to provide a social security number or a composition of the commonwealth of the commonwealth of Birth New Responsible Person's Date of Birth	Appraisal Management Company Name Email Address Contact Number Primary Telephone Appraisal Management Company's Responsible Person: A. Name of current Responsible Person Last B. Name of new Responsible Person Last First C. New Responsible Person's Address City D. New Responsible Person's Identification Number: (Findividual's Social Security Number or a Control Number or a Control Number or a Control Number of State law requires every applicant for a license, certificate, registration or othe by the Commonwealth to provide a social security number or a control number of the New Responsible Person's Date of Birth	Appraisal Management Company Name Email Address Contact Number Primary Telephone Appraisal Management Company's Responsible Person: A. Name of current Responsible Person Last B. Name of new Responsible Person Last First C. New Responsible Person's Address City D. New Responsible Person's Identification Number: (Provide one of Individual's Social Security Number or Virginia Department of Motor Vehicles Control Number * State law requires every applicant for a license, certificate, registration or other authorization to by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Botor Vehicles Control Number or a control number issued by the Virginia Department of Botor Vehicles Control number issued by the Virginia Department of Birth	Email Address Contact Number Primary Telephone Appraisal Management Company's Responsible Person: A. Name of current Responsible Person Last First Middle B. Name of new Responsible Person Last First Middle C. New Responsible Person's Address City S D. New Responsible Person's Identification Number: (Provide one of the following) Individual's Social Security Number or Virginia Department of Motor Vehicles Control Number Social Security or Virginia * State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles Control Number Social Security or Virginia Department of Motor Vehicles Control Number issued by the Virginia Department of Motor Vehicles Control Number issued by the Virginia Department of Motor Vehicles Control Number issued by the Virginia Department of Motor Vehicles Control Number issued by the Virginia Department of Motor Vehicles Control Number issued by the Virginia Department of Motor Vehicles Control Number issued by the Virginia Department of Motor Vehicles Control Number issued by the Virginia Department of Motor Vehicles Control Number issued by the Virginia Department of Motor Vehicles Control Number issued by the Virginia Department of Motor Vehicles Control Number issued by the Virginia Department of Motor Vehicles Control Number issued by the Virginia Department of Motor Vehicles Control Number issued by the Virginia Department of Motor Vehicles Control Number issued by the Virginia Department of Motor Vehicles Control Number issued by the Virginia Department of Motor Vehicles Control Number issued by the Virginia Department of Motor Vehicles Control Number issued by the Virginia Department of Motor Vehicles Control Number issued by the Virginia Department of Motor Vehicles Control Number issued by the Virginia Department of Motor Vehicles Control Number issued by the Virginia Depart	Appraisal Management Company Name Email Address Contact Number Primary Telephone Appraisal Management Company's Responsible Person: A. Name of current Responsible Person Last First Middle B. Name of new Responsible Person Last First Middle C. New Responsible Person's Address City State D. New Responsible Person's Identification Number: (Provide one of the following) Individual's Social Security Number or Social Security or Virginia Department of Motor Vehicles Control Number social Security or Virginia Department of Motor Vehicles. E. New Responsible Person's Date of Birth

7.	Has the <u>new</u> Responsible Person ever been subject to a <u>discany</u> (including Virginia) local, state or national regulatory be revocation, suspension or denial of license, imposition of a education. No	ody? This includes, but is	not limited to, reprimand,
	Yes If yes, provide a certified copy of the final order, of with lawful authority to issue such order, decree of	•	court or regulatory agency
8.	I, the undersigned, certify that the foregoing statements and information that might affect the Board's decision to approve the the firm, the controlling person(s), the responsible person and a subject to any disciplinary action or convicted of a felony or requested license. I certify that I have read, understood and co of Title 54.1, Chapter 20.2 of the <i>Code of Virginia</i> , and the <i>Apprena</i>	s application. I certify that I want to be any person who owns 10 penisdemeanor (in any jurisdic mplied with all the laws of Vi	will notify the Department if reent or more of the firm is etion) prior to receiving the irginia under the provisions
	Signature of Owner or Controlling Person of the firm:		
	Print Name	Title	
	Signature		Date