

AFFIDAVIT OF CONTROLLING PERSON

I, _____, (Name of Controlling Person) do hereby certify that I am fully aware of my responsibilities under T.C.A. § 62-39-410 as the designated controlling person to ensure compliance with all applicable state laws and rules on behalf of the registered Appraisal Management Company's operation in Tennessee. I have never been convicted of a criminal act involving moral turpitude. I have not had a license or certificate to act as an appraiser refused, revoked or surrendered in lieu of disciplinary action in any state.

The Appraisal Management Company named in this application:

- 1) Has a system and process in place to verify that a person being added to the appraiser panel of the Appraisal Management Company for appraisal services to be performed in Tennessee holds a license or certification in good standing issued by the Tennessee Real Estate Appraiser Commission, if a license or certification is required to perform appraisals, pursuant to T.C.A. § 62-39-415.
- 2) Has a system in place to review, on a periodic basis, the work of all appraisers who are performing real estate appraisal services in Tennessee for the Appraisal Management Company to validate that the real estate appraisal services are being conducted in accordance with USPAP, pursuant to T.C.A. § 62-39-416.
- 3) Maintains a detailed record of each service request that it receives for appraisal services within the state of Tennessee and the appraiser who performs the real estate appraisal services for the Appraisal Management Company, pursuant to § 62-39-417.
- 4) Maintains an irrevocable uniform consent to service of process, pursuant to § 62-39-407.
- 5) Certifies that each person that owns more than ten percent (10%) of the Appraisal Management Company has been reviewed to ensure that no such person has had an appraiser license, certification or registration refused, denied, cancelled, suspended, revoked or surrendered in lieu of further disciplinary action in any state.

I, _____, as controlling person, do hereby certify that records of any appraisal activity conducted by or for the Appraisal Management Company in the State of Tennessee will be kept at the following address: _____, and will be available to the Commission, or the Commission staff or designee during normal business hours.

I further certify that I have personally accepted the assigned responsibility of the controlling person as defined in T.C.A. § 62-39-402. If there is any change in my status as controlling person or if my contact information changes, I will notify the Real Estate Appraiser Commission within thirty (30) days of any change. I will notify the Commission within thirty (30) days of a change in the agent for service of process of record, or ownership composition pursuant to T.C.A. § 62-39-409.

SIGNATURE OF CONTROLLING PERSON

PRINTED NAME OF CONTROLLING PERSON

STATE OF _____

COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE _____ DAY OF _____.

NOTARY PUBLIC

SEAL

MY COMMISSION EXPIRES