

MaxVantage Appraisal Management Company

T: (732) 556-4000

F: 1-888-711-2363

INDEPENDENT FEE APPRAISER QUALIFICATIONS APPLICATION

SECTION A. - GENERAL INFORMATION

Company Name: _____

Applicant's Name: _____

Business Address: _____

Office: _____ Cell: _____

Email: _____

SECTION B. – LICENSES/CERTIFICATION/E&O

Licensing State: _____ License # _____ Expiration: _____

License Type: _____ FHA? _____

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License Type: _____ FHA? _____

Errors & Omissions Insurance Policy: Insurance Provider: _____

Expiration: _____ Liability Limits: Per Occurrence/Per Aggregate: _____

SECTION C. – COVERAGE/EXPERIENCE/SOFTWARE

Geographic Coverage by County or Zip Code(s): _____

Will you complete Desk Reviews, and Field Reviews: ___Yes ___ No

SECTION D. – PROFESSIONAL STANDARDS

Have you ever been removed from a lender or agency’s approved appraiser list: ___Yes ___No

If yes, please explain: _____

Have you ever had an appraisal or real estate license, certification or professional designation suspended or revoked? ___Yes ___No

If yes, please explain: _____

Has any professional organization taken ethics or professional standards action against you, which resulted in reprimand, admonishment, censure, suspension, or revoking of designation or termination of candidacy? ___Yes ___No

If yes, please explain: _____

Have you ever been investigated for faulty, misleading, or unethical appraisal procedures?

___Yes ___No

If yes, please explain: _____

SECTION E. – QUALIFICATION DOCUMENTS

With this completed application please include:

- 1) Copy of current Appraiser license/certification for yourself and all appraisers in your company
- 2) Copy of current Errors & Omissions Policy- \$1,000,000 minimum coverage
- 3) Copy of signed W9
- 4) Current resume

SECTION F. – CERTIFICATION

THE UNDERSIGNED DECLARES THAT THE INFORMATION CONTAINED IN OR ATTACHED TO THIS APPLICATION IS TRUE AND CORRECT. THE UNDERSIGNED FURTHER GRANTS MAXVANTAGE PERMISSION TO VERIFY ANY INFORMATION CONTAINED IN THIS APPLICATION BY PERFORMING PUBLIC OR PRIVATE BACKGROUND CHECKS AND MAKING REFERENCE INQUISITIONS.

Signature: _____ Date: _____