

8. Employer Identification Number or Social Security Number: _____

9. Indicate below if you are registered as an Appraisal Management Company in any other state. (Use Continuation Sheet if necessary)

State	Registration No.	From (M/Y)	To (M/Y)

10. Complete Attachment A; the name, address and contact information for all individuals or business entities that own part or all of the Company.

11. **CHARACTER**

Regarding Professional Licenses

- 1) Has any owner listed in Attachment A of this application, ever had an appraisal license refused, denied, cancelled or revoked by any state? ___ Yes ___ No
- 2) Are there currently any charges pending against any owner listed in Attachment A in connection with an appraiser license in any state? ___ Yes ___ No

If either of the answers are "yes", provide a copy of the licensing agency's order, any other documentation regarding the case and a complete written explanation for each matter.

Regarding Criminal Offenses

- 1) Has any owner listed in Attachment A of this application who owns 10% or more, ever been convicted of or pleaded guilty or no contest to any criminal offense in any state? ___ Yes ___ No
- 2) Are there currently any criminal charges now pending against any owner listed in Attachment A of this application in any state? ___ Yes ___ No

If either of the answers are "yes", provide a copy of the court judgment, arrest warrant or bill of indictment and include a release from probation or parole, if appropriate.

"Criminal offenses" and "criminal charges" include all criminal matters except speeding or parking violations. It does include driving while under the influence of alcohol or drugs. If you believe a charge has been erased or expunged, you must check with the appropriate court before completing this section.

All owners listed in Attachment A must provide a criminal background check obtained from the Alabama Department of Public Safety/Alabama Bureau of Investigations, P.O. Box 1511, Montgomery, AL, 36102-1511

12. List any other names under which you do business in Alabama.

Name	County
Name	County

13. REPORTING YEAR AND ASC NATIONAL REGISTRY FEE

Beginning Date
of Reporting Year: _____

Ending Date
of Reporting Year: _____

Number of AMC Appraiser who have performed an appraisal for the AMC in connection with a covered transaction in Alabama during the reporting year (Covered transaction means any consumer credit transaction secured by the consumer's principal dwelling) _____

X \$25.00 = \$ _____

This is your
National
Registry Fee due

National Registry Fee \$ _____

Alabama Application Fee + \$3,500.00

Total Fee Due \$ _____

13. CERTIFICATIONS

- 1) I certify that this Appraisal Management Company has a system and process in place that a person being added to the appraiser panel of the Appraisal Management Company holds a license in good standing in this State pursuant to the Article 1, Section 34-27A-1 et. seq., Code of Alabama, 1975.
- 2) I certify that this Appraisal Management Company has a system in place to require that appraisers inform the Appraisal Management Company of areas of geographic competency for each assignment.
- 3) I certify that this Appraisal Management Company has a system in place to review the work of all independent appraisers that are performing real estate appraisal services for the Appraisal Management Company on a periodic basis to validate that the real estate appraisal services are being conducted in accordance with the Uniform Standards of Professional Appraisal Practice Article 1, Section 34-27A-1 et. seq., Code of Alabama, 1975.
- 4) I certify that this Appraisal Management Company has a dispute resolution in process that allows users of the appraisal report to request that the appraiser consider additional property information, provide further detail, substantiation, or explanation for the appraiser's value conclusion, or to correct errors in an appraisal report.
- 5) I certify that this Appraisal Management Company maintains a detailed record of each service request that it receives and the independent appraiser that performs the residential real estate appraisal services for the Appraisal Management Company.

14. ATTACHMENTS

I have attached the following:

- 1) A description of each of the systems in Paragraphs (1), (2), (3) and (4) above.
- 2) Attachment of A, the name, address and contact information for all individuals or business entities that own part or all of the Company.
- 3) Attachment of B, the name, title, address and contact information for all officers and directors.
- 4) A consent to service of process, if applicable.
- 5) A copy of the written partnership agreement, if applicable.
- 6) A copy of the organizational documents, if applicable.
- 7) All required criminal background checks.
- 8) Surety Bond

15. THIS AFFIDAVIT IS TO BE EXECUTED BY APPLICANT BEFORE A NOTARY PUBLIC:

The undersigned, in making the application to the Alabama Real Estate Appraisers Board for registration as an Appraisal Management Company under the provisions of Article 2 of the Alabama Real Estate Appraisers and Appraisal Management Company Act, swears (or affirms) that he (or she) has been designated by the Appraisal Management Company to make this application on their behalf and that all information is provided in connection with this application, including certificates and attachments, is true to the best of his (or her) knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Board.

SIGNATURE OF APPLICANT: _____

Printed Name: _____ Title: _____

Sworn to and subscribed before me this _____ day of _____, 20__

(Name of Notary Public, Print)

(Signature of Notary Public)

Commission Expires: _____ State _____

Attachment A

Name, address and contact information for all individuals or business entities that own part or all of the Appraisal Management Company

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Owner Percentage: _____			

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Owner Percentage: _____			

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Owner Percentage: _____			

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Owner Percentage: _____			

Attachment B

Name, address and contact information for all officers and directors

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Position: _____			

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Position: _____			

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Position: _____			

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Position: _____			