



STATE OF ALABAMA REAL ESTATE APPRAISERS BOARD

P.O. Box 304355, Montgomery, AL 36130 / 100 N. Union Street Suite 370, Montgomery, AL 36104

Phone: (334) 242-8747 / Fax: (334)242-8749 / Web: www.reab.state.al.us

FEDERALLY REGULATED APPRAISAL MANAGEMENT COMPANY REGISTRATION

Instructions:

- This application must be typed, completed in full and mailed with the original signatures to the above address.
- The non-refundable application fee of \$1,500.00 plus your ASC National Registry Fee is payable by business, cashier or certified check to the Alabama Real Estate Appraisers Board. All other forms of payment will be returned.

1. Company's Legal Name: _____

2. Name under which Company will do business in Alabama: _____

3. Main Address of Company: _____

Street Address

County

City

State

Zip

Mailing Address

City

State

Zip

Telephone

Fax

Website

4. Principal Contact: _____

Name

Title

Email

5. AMC Type (choose one): ___ Single State (panel of more than 15 appraisers)
 ___ Multi-State (panel of 25 or more appraisers in two or more States)

6. Employer Identification Number or Social Security Number: _____

7. REPORTING YEAR AND ASC NATIONAL REGISTRY FEE

Annual ASC National Registry Fee based on year ending 90 days before expiration of current registration:

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 + \$1,500.00

Total Fee Due \$ _____

Certification

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.

SIGNATURE OF APPLICANT: _____

Date: _____

Printed Name: _____

Title: _____