



GOVERNOR
TERRY E. BRANSTAD
LT. GOVERNOR
KIM REYNOLDS

IOWA DEPARTMENT OF COMMERCE
PROFESSIONAL LICENSING & REGULATION

REQUEST FOR INCLUSION
AMC MASS COMMUNICATIONS

Form with fields for: NAME OF INDIVIDUAL REQUESTING INCLUSION, TITLE OF REQUESTOR, NAME OF APPRAISAL MANAGEMENT COMPANY (AMC), AMC DBA NAME, AMC OR REQUESTOR EMAIL, Primary E-Mail, Alternate E-Mail, AMC PRIMARY ADDRESS, Street Address, Address Line 2, City, State Abbrev., Zip.

Please return by e-mail, fax or mail:

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