

**IOWA DIVISION OF BANKING
APPRAISAL MANAGEMENT COMPANY SUPERVISION**

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APPLICATION FOR APPRAISAL MANAGEMENT COMPANY REGISTRATION

A: TYPE OF APPLICATION				
<i>Please check the type of application and refer to the checklist on page 3 for instructions on section requirements, additional information needed based on application type, and applicable fees.</i>				
<input type="checkbox"/> NEW REGISTRATION <input type="checkbox"/> PREREGISTRATION <input type="checkbox"/> CONVERSION <input type="checkbox"/> RENEWAL <input type="checkbox"/> REINSTATEMENT				
B: APPRAISAL MANAGEMENT COMPANY (AMC)				
LEGAL NAME (Sole Proprietor use "Last, First, and full Middle Name")				
NAME UNDER WHICH BUSINESS WILL BE CONDUCTED IF DIFFERENT THAN ABOVE. (Include supporting documentation that authorizes the use of a fictitious or trade name.)				
FORM OF BUSINESS ENTITY (Sole Proprietor, Partnership, Corporation, Limited Liability Company, etc.)				
DATE ORGANIZED/INCORPORATED		STATE INCORPORATED	FEDERAL T.I.N.	
COMPANY STREET ADDRESS			SUITE/APT	
CITY		STATE	ZIP	
BUSINESS TELEPHONE NUMBER		BUSINESS FAX NUMBER		
BUSINESS WEBSITE		BUSINESS EMAIL		
C: RESIDENT/REGISTERED AGENT INFORMATION				
If the resident/registered agent is a company rather than an individual put the words "registered agent" in the agent title box.				
AGENT NAME		AGENT TITLE		
STREET ADDRESS			SUITE/APT	
CITY		STATE	ZIP	
PHONE		EMAIL		
D: PANEL INFORMATION				
Attach an exhibit which provides the following information for each appraiser on the applicant's appraiser panel: the appraiser's name and certification or license number; the date the appraiser joined the applicant's panel; and, if applicable, the date the appraiser left the applicant's panel. The panel shall include all appraisers, in the past twelve months preceding submission of this application, the applicant has engaged to perform one or more appraisals in connection with a covered transaction or for a secondary mortgage market participant in connection with a covered transaction, along with all appraisers the applicant has accepted for future consideration for such appraisal assignments.				
Total number of certified or licensed appraisers on the applicant's appraiser panel within the 12 months preceding the submission date of the application.			IOWA ONLY	NATIONWIDE
For purposes of the ASC national registry fee, provide the total number of panel members who actively engaged in appraisal-related assignments for the applicant in the 12 months immediately preceding the month in which this application is submitted.			IOWA ONLY	NATIONWIDE

E: DESIGNATED CONTROLLING PERSON
 The applicant shall designate a controlling person who shall be the main contact for all communications between the administrator and the AMC, and who shall be responsible for assuring the AMC complies with the provision of Iowa Code chapter 543E and all other state and federal laws and regulations. The designated controlling person must complete and attach a signed controlling person form.

NAME (First, Middle, Last)	TITLE	DATE OF BIRTH (MM/DD/YYYY)
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F: OWNERSHIP
 Use an additional sheet if necessary or attach an exhibit which provides all of the following information for any individual or entity that owns more than 10% of the AMC. Each owner listed must complete and attach a signed controlling person form.

NAME (First, Middle, Last)	DATE OF BIRTH (MM/DD/YYYY)	PERCENT OF OWNERSHIP
NAME (First, Middle, Last)	DATE OF BIRTH (MM/DD/YYYY)	PERCENT OF OWNERSHIP
NAME (First, Middle, Last)	DATE OF BIRTH (MM/DD/YYYY)	PERCENT OF OWNERSHIP

G: DISCIPLINARY ATTESTATION
 For any question marked yes, attach a complete explanation and any supporting documentation or court documents.

- (1) YES NO Has this state or another state or jurisdiction canceled, revoked, denied, suspended, or refused to renew the applicant's registration to operate an appraisal management company or denied, suspended, or refused to renew a similar registration under this state's or the other state's or jurisdiction's law?
- (2) YES NO Has an owner or controlling person of the applicant been barred, removed, or prohibited from owning or serving as the controlling person of an appraisal management company, or from serving in any capacity in a financial institution by any state or federal regulatory agency, including but not limited to the office of the comptroller of the currency, the federal deposit insurance corporation (FDIC), the board of governors of the federal reserve system, or the U.S. department of housing and urban development?
- (3) YES NO Has an owner or controlling person of the applicant been the owner or controlling person of another appraisal management company in another state or jurisdiction, where such other state or jurisdiction has canceled, revoked, denied, suspended, or refused to renew the registration or application for registration of such appraisal management company under this state's or the other state's or jurisdiction's law? (an agreement made between an individuals and the state or jurisdiction not to operate as the owner or controlling person of an appraisal management company may be considered a denial by that state or jurisdiction)
- (4) YES NO Has an owner or controlling person of the applicant been convicted of forgery, embezzlement, obtaining money under false pretenses, theft, extortion, conspiracy to defraud, tax evasion, or another similar offense, in a court of competent jurisdiction in this state or in any other state, territory, or district of the united states, or in any foreign jurisdiction? (including a guilty plea, deferred judgement, deferred sentence, or other similar finding of guilt by a court of competent jurisdiction)
- (5) YES NO Has the applicant or an owner or controlling person of the applicant made a false submission of material fact on an application for registration or otherwise been implicated in the submission of a false application?
- (6) YES NO Has an indirect or direct owner of the AMC, who is also an appraiser, had their license or certificate to act as an appraiser refused, denied, cancelled, revoked, or surrendered in lieu of revocation in any state for a substantive reason?

H: CERTIFICATION STATEMENTS
 By signing the application for registration, the applicant certifies that it will do all of the following:

- (1) Verify that appraisers who will perform appraisal assignments for covered transactions related to real estate located in this state hold a valid, unexpired certificate in good standing as a real estate appraiser issued under Iowa Code chapter 543D.
- (2) Require that appraisals provided or coordinated by the applicant comply with the uniform standards of professional appraisal practice (USPAP), including the competency rule, and has a system in place to monitor such compliance that includes referring matters to the administrator when a registrant has a reasonable basis to believe that a violation of USPAP exists.
- (3) Maintain a system to assure that appraisal management services are performed independently and free from inappropriate influence and coercion pursuant to the appraisal independence standards established under section 129e of the federal truth in lending act, including the requirements for the payment of reasonable and customary fees, and pursuant to Iowa Code section 543D.18, subsections 1 and 2, and Iowa Code section 543D.18A.
- (4) Maintain a system to retain detailed records of all appraisal management services to be performed in this state.
- (5) Maintain a system to assure that the appraiser selected for an appraisal assignment is independent of the transaction and has the requisite education, expertise, and experience necessary to competently complete the appraisal assignment for the particular market and property type.
- (6) Abide by all applicable state and federal statutes and regulations.

I: AFFIDAVIT

I hereby affirm that the information provided by me is true and correct.

NAME (First, Middle, Last) _____

TITLE _____

SIGNATURE _____

DATE _____

J: PAYMENT INFORMATION**PAYMENT OPTION**

PAYMENT ENCLOSED (Check or money order made payable to "State of Iowa")

PLEASE BILL MY CREDIT CARD:

CREDIT CARD NUMBER _____ - _____ - _____ - _____
Credit card must be Discover, Master Card, Or Visa only

EXPIRATION MONTH AND YEAR: _____ / _____

PAYMENT AMOUNT/REASON

Fees paid and authorized

AMC FEES

- | | |
|--|--|
| 1. <input type="checkbox"/> Application Fee \$250 | 6. <input type="checkbox"/> Registration Fee \$750 |
| 2. <input type="checkbox"/> Annual Renewal Fee \$750 | 7. <input type="checkbox"/> Conversion Fee \$150 |
| 3. <input type="checkbox"/> Reinstatement Fee \$250 | 8. <input type="checkbox"/> Dishonored Check Fee \$30 |
| 4. <input type="checkbox"/> Background Investigation Fee \$51 (Per Individual) | 9. <input type="checkbox"/> ASC National Registry Fee \$_____ (\$_____(ASC Fee) X _____(Panel List)) |
| 5. <input type="checkbox"/> Mailing List Fee \$30 | |

\$ _____ TOTAL FEES PAID

PAYMENT AUTHORIZATION

NAME OF CARDHOLDER: _____

SIGNATURE OF CARDHOLDER: _____ DATE _____

APPLICATION CHECKLIST

NEW REGISTRATION	PREREGISTRATION	CONVERSION
<input type="checkbox"/> Sections A-J Above	<input type="checkbox"/> Sections A-J Above	<input type="checkbox"/> Sections A, B, G, H, I & J
<input type="checkbox"/> Bond Form	<input type="checkbox"/> Bond Form	
<input type="checkbox"/> Controlling Person Form For The Controlling Person & Each Individual Who Owns More Than 10% Of The AMC	<input type="checkbox"/> Controlling Person Form For The Controlling Person & Each Individual Who Owns More Than 10% Of The AMC	
<input type="checkbox"/> Panel Information Exhibit	<input type="checkbox"/> Panel Information Exhibit	
FEES	FEES	FEES
<input type="checkbox"/> #1, 4, 6	<input type="checkbox"/> #1, 4	<input type="checkbox"/> #6, 7
IF APPLICABLE	IF APPLICABLE	IF APPLICABLE
<input type="checkbox"/> Supporting documentation that authorizes the use of a fictitious or trade name	<input type="checkbox"/> Supporting documentation that authorizes the use of a fictitious or trade name	<input type="checkbox"/> Sections B, C, D, E for any changes made since the Preregistration application
<input type="checkbox"/> Explanation & Supporting Documents For Questions Marked As Yes Under Disciplinary Attestation (Section F) Above	<input type="checkbox"/> Explanation & Supporting Documents For Questions Marked As Yes Under Disciplinary Attestation (Section F) Above	<input type="checkbox"/> Explanation & Supporting Documents For Questions Marked As Yes Under Disciplinary Attestation (Section F) Above