

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

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**AMC PAYMENT BLOCK**

**METHOD OF PAYMENT**

**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**

- |  |  |
|--|--|
| <input type="checkbox"/> Change Of Principal Location <u>\$25</u>                                  | <input type="checkbox"/> Mailing List Fee <u>\$30</u>              |
| <input type="checkbox"/> Reissue/Replace Registration <u>\$25</u>                                  | <input type="checkbox"/> Change Of Ownership <u>\$150</u>          |
| <input type="checkbox"/> Change Of Name <u>\$25</u>  | <input type="checkbox"/> Change Of Controlling Person <u>\$150</u> |
| <input type="checkbox"/> Letter Of Good Standing/Verification <u>\$25</u>                          |  |
| <input type="checkbox"/> ASC National Registry Fee \$ _____ (\$ _____ (ASC Fee) X _____ (Panel #)) |  |

\$ \_\_\_\_\_ TOTAL FEES PAID

**PAYMENT AUTHORIZATION**

NAME OF CARDHOLDER: \_\_\_\_\_

SIGNATURE OF CARDHOLDER: \_\_\_\_\_ DATE \_\_\_\_\_