

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

200 E GRAND AVE
SUITE 350
DES MOINES, IA 50309

TELEPHONE: (515) 725-9025
FAX: (515) 725-9032
EMAIL: AMCSUPERVISION@IOWA.GOV
WEBSITE: WWW.IDOB.STATE.IA.US/AMC

AMC MAINTENANCE FORM

INSTRUCTIONS

Applicants must complete sections A, B, & I. Complete sections C, D E, F, G, and H as needed.

A. REQUESTOR INFORMATION

By signing and submitting this form, the requestor certifies that they have the authority to request changes to the appraisal management company's (AMC) official registration.

AMC NAME AS IT APPEARS ON THE CURRENT REGISTRATION

AMC REGISTRATION NUMBER

REQUESTOR NAME

REQUESTOR TITLE

B. TYPE OF MAINTENANCE

TYPE OF CHANGE(S)

CONTACT INFORMATION

NAME/DBA*

NOTICE OF SIGNIFICANT EVENT

A NEW REGISTRATION IS REQUESTED WITH THIS CHANGE*

OTHER (SPECIFY) _____

PRINCIPAL LOCATION *

REGISTERED AGENT

SURRENDER REGISTRATION

SURETY BOND CHANGE*

NOTIFICATION OF DISCIPLINE/CRIMINAL CHARGES

* Include a payment block and/or proof of change.

C. UPDATED CONTACT INFORMATION (IF APPLICABLE)

Principal location changes may require a new or updated surety bond.

PRINCIPAL LOCATION CHANGE

MAILING ADDRESS CHANGE

FEDERAL ID #

PHYSICAL ADDRESS CHANGE

OTHER: _____

NEW AMC STREET ADDRESS

SUITE

CITY

STATE

ZIP CODE

AMC PHONE NUMBER

AMC FAX NUMBER

AMC PRIMARY EMAIL

AMC WEBSITE

D. UPDATED NAME (If applicable)

Attach proof of filing with Secretary of State.

NEW AMC NAME

FEDERAL ID #

NEW DBA NAME (IF APPLICABLE)

E. SURETY BOND CHANGE (If applicable)

Submit new bond form.

