IOWA DIVISION OF BANKING APPRAISAL MANAGEMENT COMPANY SUPERVISION

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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		REQUES	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) * Include a payment block and/or proof of change.			PRINCIPAL LOCATION * REGISTERED AGENT SURRENDER REGISTRATION SURETY BOND CHANGE* NOTIFICATION OF DISCPLINE/CRIMINAL CHARGES						
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 #									
PRINCIPAL LOCATION CHA	FEDERAL ID #								
NEW AMC STREET ADDRESS	SUITE								
CITY			STATE	ZIP CODE					
AMC PHONE NUMBER	AMC FAX NUMBER	AMC PRIM	MC 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.									

F. CHANGE OF REGISTERED AGENT (If applicable)										
AGENT NAME			AGENT TITLE							
STREET ADDRESS			SUITE/APT							
CITY			STATE		ZIP					
PHONE NUMBER	EMAIL									
G. SIGNIFICANT EVENT (If applicable) Attach a copy of the action taken by the state, jurisdiction, court, or entity.										
BANKRUPTCY/REORGANIZATION FILING ADMINISTRATIVE ACTION TAKEN AGAINST AMC BY ANOTHER JURISDICTION (Denial/Revocation/Suspension Etc.) ADMINISTRATIVE ACTION TAKEN AGAIST AMC OWNER OR CONTROLLING PERSON CRIMINAL CHARGES FILED AGAINST AMC OR OWNER OR CONTROLLING PERSON UNEXPECTED CHANGE OF OWNER OR CONTROLLING PERSON (Death, Resignation, Etc.) OTHER EVENT (Specify)										
NAME OF OWNER/CONTROLLING PERSON			DATE OF BIRTH		SOCIAL SECURITY NUMBER					
II CHERENDER RECISTRATION	/If anni	inchio)								
H. SURRENDER REGISTRATION REASON	(іт аррі	icable)		EFFECTIVE DATE OF SURRENDER						
REASON										
ADDRESS WHERE AMC RECORDS V	AINTAINED		SUITE							
CITY STATE				ZIP						
CUSTODIAN NAME	CUSTODI	AN PHONE NUMBER	CUSTODIAN EMAIL	CUSTODIAN EMAIL						
I. VERIFICATION & SIGNATURE										
I hereby affirm that the information provided by me is true and correct. 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.										
SIGNATURE		DATE								