

**IOWA DIVISION OF INSPECTIONS, APPEALS, AND LICENSING
APPRAISAL MANAGEMENT COMPANY SUPERVISION**

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FEDERALLY REGULATED APPRAISAL MANAGEMENT COMPANY FORM

A: 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	
B: DESIGNATED CONTROLLING PERSON (DCP)		
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.		
DCP NAME	DCP TITLE	
MAILING ADDRESS		SUITE/APT
CITY	STATE	ZIP
PHYSICAL ADDRESS		SUITE/APT
CITY	STATE	ZIP
PHONE	EMAIL	

C: 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 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 TWELVE MONTHS IMMEDIATELY PRECEDING THE MONTH IN WHICH THIS APPLICATION IS SUBMITTED.	IOWA ONLY	NATIONWIDE

****** NOTICE ******

THIS SECTION & OTHER CONFIDENTIAL INFORMATION SUPPLIED WITHIN THE APPLICATION WILL NOT BE ADDED TO THE FILE OR BE PART OF PUBLIC RECORD

CONFIDENTIAL INFORMATION

PRIVACY ACT NOTICE: DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER ON THIS LICENSE APPLICATION IS REQUIRED BY 42 U.S.C. § 666(A)(13), IOWA CODE §§ 272J.8(1) AND 261.126(1) (2007), AND IOWA CODE § 272D.8(1) (SUPP. 2008). THE NUMBER WILL BE USED IN CONNECTION WITH THE COLLECTION OF CHILD SUPPORT OBLIGATIONS, COLLEGE STUDENT LOAN OBLIGATIONS, AND DEBTS OWED TO THE STATE OF IOWA, AND AS AN INTERNAL MEANS TO ACCURATELY IDENTIFY LICENSEES, AND MAY ALSO BE SHARED WITH TAXING AUTHORITIES AS ALLOWED BY LAW INCLUDING IOWA CODE § 421.18 (2007).

FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN): _____

OR

SOCIAL SECURITY NUMBER: _____