

13. REPORTING YEAR AND ASC NATIONAL REGISTRY FEE

Beginning Date
of Reporting Year: _____

Ending Date of
Reporting Year: _____

Number of AMC Appraiser who have performed an appraisal for the AMC in connection with a covered transaction in Alabama during the reporting year (Covered transaction means any consumer credit transaction secured by the consumer's principal dwelling)

_____ X \$25.00 = \$ _____

This is your
National
Registry Fee due

National Registry Fee	_____
Alabama Application Fee	<u>\$3,500.00</u>
Total Fee Due	_____

13. CERTIFICATIONS

- 1) I certify that this Appraisal Management Company has a system and process in place that a person being added to the appraiser panel of the Appraisal Management Company holds a license in good standing in this State pursuant to the Article 1, Section 34-27A-1 et. seq. Code of Alabama, 1975.
- 2) I certify that this Appraisal Management Company has a system in place to require that appraisers inform the Appraisal Management Company of areas of geographic competency for each assignment.
- 3) I certify that this Appraisal Management Company has a system in place to review the work of all independent appraisers that are performing real estate appraisal services for the Appraisal Management Company on a periodic basis to validate that the real estate appraisal services are being conducted in accordance with the Uniform Standards of Professional Appraisal Practice Article 1, Section 34.27A-1 et. seq., Code of Alabama, 1975.
- 4) I certify that this Appraisal Management Company has a dispute resolution in process that allows users of the appraisal report to request that the appraiser consider additional property information, provide further detail, substantiation, or explanation for the appraiser's value conclusion, or to correct errors in an appraisal report.
- 5) I certify that this Appraisal Management Company maintains a detailed record of each service request that it receives and the independent appraiser that performs the residential real estate appraisal services for the Appraisal Management Company.

14. ATTACHMENTS

I have attached the following:

- 1) A description of each of the systems in Paragraphs (1), (2), (3) and (4) above.
- 2) Attachment of A, the name, address and contact information for all individuals or business entities that own part or all of the Company.
- 3) Attachment of B, the name, title, address and contact information for all officers and directors.
- 4) A consent to service of process, if applicable.
- 5) A copy of the written partnership agreement, if applicable.
- 6) A copy of the organizational documents, if applicable.
- 7) All required criminal background checks.
- 8) Surety Bond

15. THIS AFFIDAVIT IS TO BE EXECUTED BY APPLICANT BEFORE A NOTARY PUBLIC:

The undersigned, in making the application to the Alabama Real Estate Appraisers Board for registration as an Appraisal Management Company under the provisions of Article 2 of the Alabama Real Estate Appraisers and Appraisal Management Company Act, swears (or affirms) that he (or she) has been designated by the Appraisal Management Company to make this application on their behalf and that all information is provided in connection with this application, including certificates and attachments, is true to the best of his (or her) knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Board.

SIGNATURE OF APPLICANT: _____

Printed Name: _____ Title: _____

Sworn to and subscribed before me this _____ day of _____ 20

(Name of Notary Public, Print)

(Signature of Notary Public)

Commission Expires: _____ State _____

Attachment A
Name, address and contact information for all individuals or business entities
that own part or all of the Appraisal Management Company

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Owner Percentage: _____			

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Owner Percentage: _____			

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Owner Percentage: _____			

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Owner Percentage: _____			

Attachment B
Name, address and contact information for all officers and directors

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Position: _____			

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Position: _____			

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Position: _____			

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Position: _____			