

FEDERALLY REGULATED APPRAISAL MANAGEMENT COMPANY REGISTRATION APPLICATION

* Each appraisal management company shall be assessed a **National Registry fee** in accordance with §1109 of the Financial Institutions Reform. (See question #9 for further details.)

**A check or money order payable to the TREASURER OF VIRGINIA,
 or a completed credit card insert must be mailed with your application package.
 APPLICATION FEES ARE NOT REFUNDABLE.**

1. Is this Firm/Business Entity a **federally regulated** Appraisal Management Company?
 No If no, **DO NOT COMPLETE THIS APPLICATION.**
 Yes If yes, provide supporting documentation showing *federally regulated status*.

2. Business Entity/Sole Proprietor Name _____
 ➤ A sole proprietor should enter his/her full legal name and the company name should be entered below as the assumed/fictitious name.
 All names must be the same as displayed on government issued ID or organization/business documents.

3. Assumed or Fictitious Name [▲] _____
 ▲ If an **assumed/fictitious name** is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to [§59.1-69](#) of the *Code of Virginia* must be attached to this application.

4. Provide the firm/business entity State Corporation Commission (SCC) Number: _____
 (If applicable)

5. Provide **one** of the following identification numbers^{*}:
 Business Federal Employer Identification Number (EIN) _____
 Federal Employer Identification Number (12-3456789)
 Sole Proprietor's/Individual's Social Security Number Or _____
 Virginia Department of Motor Vehicles Control Number _____
 Social Security or Virginia DMV Number (123456789)
^{*} State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

6. Mailing Address (PO Box accepted) _____

 City State Zip Code

7. Contact Numbers _____
 Primary Telephone Alternate Telephone

8. Email Address _____
 Email address is considered a public record and will be disclosed upon request from a third party.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		4010	

9. How many **Appraisers** performed an appraisal in Virginia for a covered transaction as defined by the AMC Final Rule during the previous calendar year while working for **or** contracting with this firm/business entity?

Number of Appraisers: _____ x \$25.00 = _____ **Registration Fee Due with application.**
Total

10. Is this Appraisal Management Company a: Single-state (panel of more than 15 appraisers) *or*
 Multi-state (panel of 25 or more appraisers in two or more states)
11. Has any person or entity that owns **any part** of the firm ever had an appraiser license refused, denied, canceled, surrendered in lieu of revocation, or revoked in Virginia or any jurisdiction?
No
Yes If yes, provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.
12. By signing this application I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Contact Person:

Print Name _____ Title _____

Signature: _____ Date _____