

State of Florida
Department of Business and Professional Regulation
Florida Real Estate Appraisal Board
Appraisal Management Company – Renewal
Form # DBPR FREAB-4

APPLICATION CHECKLIST - IMPORTANT - Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION REQUIREMENTS
Fees: Make check payable to the Florida Department of Business and Professional Regulation.
<input type="checkbox"/> \$305 biennial license fee (\$300 application fee plus \$5 unlicensed activity fee)
The signing Authorized Representative must submit:
<input type="checkbox"/> Complete Sections I through VI including:
<input type="checkbox"/> Supporting legal documentation, if necessary and proof of satisfaction of judgments, if applicable
<input type="checkbox"/> Signed Affirmation by Written Declaration

Please mail your completed application, documentation and required fee(s) to:
 Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0790

Instructions

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center at **850.487.1395**.*

1. Application Instructions (by section)

- a. **Section I - Transaction Type** (Fill out each section completely.)
 - i. Provide the answer to the qualifying question the panel size for the AMC.
- b. **Section II – Contact Information**
 - i. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the address provided and may take longer to resolve.
 - ii. Provide the name of a person authorized to address questions regarding the application in the "Contact Person Name" section.
 - iii. Provide the phone number that will provide direct contact to the Contact Person named above.
 - iv. Provide the email address of the Contact Person named above.
 - v. Provide the name of the business, as it is presently registered with the Florida Division of Corporations.
 - vi. Provide the current Registration number of the AMC with Florida.
 - vii. Provide the physical location address for the AMC. Note that registrant must furnish at least one physical address – i.e., not a P.O. Box.
 - viii. Provide the mailing address for the AMC.
- c. **Section III, IV, and V – Determination/Background Questions**
 - i. Provide the answer and any applicable support documentation for an affirmative answer to any of the 4 background questions concerning discipline.
 - ii. If there is a "YES" answers to any question, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application.
- d. **Section VI - Affirmation by Written Declaration**
 - i. The Authorized Representative must read and sign the Affirmation by Written Declaration.
 - ii. If the Authorized Representative fails to sign the Affirmation by Written Declaration, the Department will not process the renewal application.

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Section I – Transaction Types

CHECK THE APPLICATION TYPES
AMC Renewal - (Complete Section I through VI) [2020]
INCORPORATION INFORMATION
All AMC licensees are required to keep their business registration information current with the Department of State, Division of Corporations.
AMC QUALIFYING QUESTION
Appraisal Management Company (AMC) as defined by Section 475.611(1)(c), Florida Statutes, means a person who, within a 12-month period, oversees an appraiser panel of more than 15 State-certified or State-licensed appraisers in a state, or 25 or more State-certified or State-licensed appraisers in two or more states.
Please select how your AMC qualifies under this law:
<input type="checkbox"/> The below named AMC has more than 15 panel members in Florida; or <input type="checkbox"/> The below named AMC has 25 or more panel members in two or more states.

Section II – Contact Information

COMPANY INFORMATION		
AMC Name	AMC License #	
CONTACT INFORMATION		
Contact Person Name: _____ Phone Number: () - _____		
Contact Person Email Address: _____		
PHYSICAL LOCATION ADDRESS		
Street Address _____		
City	State	Zip Code (+4 optional)
County		Country
MAILING ADDRESS		
Street Address _____		
City	State	Zip Code (+4 optional)
County		Country

Section III – Determination/Background Questions

BACKGROUND INFORMATION			
1.	Yes <input type="checkbox"/> (If yes, please complete Section IV)	No <input type="checkbox"/>	Since initial registration in Florida as an AMC or since the most recent renewal has this AMC, any authorized representatives, or owners of 10% or more of the AMC been convicted or found guilty of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, this profession, or are they currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0581, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	Yes <input type="checkbox"/> (If yes, please complete Section V)	No <input type="checkbox"/>	Has any judgment or decree of a court been entered against this AMC, any authorized representatives, or owners of 10% or more of the AMC in this or any other state, province, district, territory, possession or nation, related to the practice of appraisal or appraisal management companies, or is there any such case or investigation pending?
3.	Yes <input type="checkbox"/> (If yes, please complete Section V)	No <input type="checkbox"/>	Has this AMC, any authorized representatives, or owners of 10% or more of the AMC ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	Yes <input type="checkbox"/> (If yes, please complete Section V)	No <input type="checkbox"/>	Has this AMC, any authorized representatives, or owners of 10% or more of the AMC ever had any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

Section IV – Explanations for “Yes” answers to Question 1 – Attach additional copies as necessary

EXPLANATION		
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

EXPLANATION		
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

EXPLANATION		
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

Section VI – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION

Note: The Authorized Representative must sign an Affirmation by Written Declaration.

I understand that my signature on this written declaration has the same legal effect as an oath or affirmation; and that any falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the registration

This AMC has reviewed the application and all the information contained on this application is true and correct and certify that we are empowered to execute this application as required by Section 559.79, Florida Statutes.

This AMC affirms that the appraisers on the AMC's appraiser panel hold valid State certifications or licenses, as applicable.

This AMC engages only state-certified or state-licensed appraisers for federally related transactions in conformity with any federally related transaction regulations.

This AMC affirms that it directs the appraiser to perform the assignment in accordance with USPAP.

This AMC has established and complies with processes and controls reasonably designed to ensure that in engaging an appraiser, selects an appraiser who is independent of the transaction and who has the requisite education, expertise, and experience necessary to competently complete the appraisal assignment for the particular market and property type.

This AMC has established and complies with processes and controls reasonably designed to ensure that the AMC conducts its appraisal management services in accordance with the requirement of section 129E (a) through (i) of the Truth in Lending Act, 15 U.S.C. 1639e (a) through (i), and regulations thereunder.

This AMC is competent and qualified to engage in appraisal management services with safety to the general public and those with whom the person may undertake a relationship of trust and confidence.

This AMC will comply with USPAP and that we understand the types of misconduct for which disciplinary proceedings may be initiated.

Signature of the Authorized Representative:

Date:

Print Name and Title