

**State of Florida
 Department of Business and Professional Regulation
 Florida Real Estate Appraisal Board
 Federally Regulated Appraisal Management Company –
 National Registry Annual Report and Notification Form
 Form # DBPR FREAB 6**

All AMC's operating in Florida are required to keep their business registration information current with the Department of State, Division of Corporations. This form must be used only for submitting the AMC's Annual Report.

A completed form shall be submitted annually, including years when no fee is to be paid. An AMC who does not timely submit an Annual Report and/or the AMC National Registry Fees shall not appear on the AMC National Registry as operating in Florida.

Section I - AMC Name and Company Contact Information

CONTACT INFORMATION		
Contact Person Name: _____ Phone Number: () - _____		
Email Address: _____		
AMC INFORMATION		
Appraisal Management Company Name	Employer Identification Number (EIN)	
Doing Business As (D.B.A.)		
Business Location Address		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	

Section II – Annual Report Determination Questions

CHECK YOUR AMC TYPE
<p>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.</p> <p>Please select how your AMC qualifies under this law:</p> <p><input type="checkbox"/> Has more than 15 panel members in Florida (State/FL)</p> <p><input type="checkbox"/> Has 25 or more panel members in two or more states. (Multi State/Non-FL)</p>

Section IV – Annual Report Fee Calculations

FEE CALCULATION FOR THIS REPORTING PERIOD

Number of Florida appraisers (Florida licensed, certified, and registered temporary practice permit) in the AMC panel who completed an appraisal for a covered transaction during this reporting period _____ X \$25.00 = Total AMC National Registry Fee of \$ _____

Please mail the completed form and required fee(s) to:
Department of Business and Professional Regulation
Attention: Revenue Unit
2601 Blair Stone Road
Tallahassee, FL 32399-0790