

**State of Florida
Department of Business and Professional Regulation
Florida Real Estate Appraisal Board
Appraisal Management Company – Annual Report
Form # DBPR FREAB 5**

All AMC licensees are required to keep their business registration information current with the Department of State, Division of Corporations. The Florida Appraisal Board must be immediately notified of any changes to the AMC, its officers, or of any discipline against its members.

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. A registered 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 and shall be subject to disciplinary action.

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.)	AMC License Number	
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</p> <p><input type="checkbox"/> Has 25 or more panel members in two or more states. (Non-FL)</p>

Section III – Annual Report Fee Calculations**FEE CALCULATION FOR THIS REPORTING PERIOD**

Number of Florida appraisers 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

Section IV – 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 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 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 the AMC conducts its appraisal management services in accordance with the requirements 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