



**Appraisal Management Company  
Appraisal Subcommittee  
National Registry of AMCs  
Eligibility Registration**

Submit this form with your AMC license application or renewal.  
You can also use this to report the number of appraisers during the reporting period.

Online: <https://professions.dol.wa.gov>

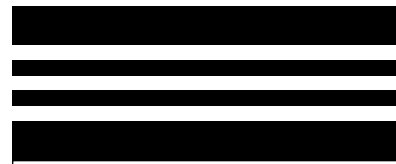
Or mail without payment to:

**Appraisal Management Company Program  
Department of Licensing  
PO Box 9021  
Olympia, WA 98507-9021**

Or mail with AMC license and renewal payment in a check or money order (payable to Department of Licensing) to:

**Appraisal Management Company Program  
Department of Licensing  
PO Box 3917  
Seattle, WA 98124-3917**

For questions or language help call: 360-664-1806 or email [dolbpdamc@dol.wa.gov](mailto:dolbpdamc@dol.wa.gov)



**A. Company information**

<b>TYPE or PRINT</b> UBI/UBI Business ID/UBI Location ID (16 digits) Must be active with Washington SOS/DOR		Washington license number if applicable
Appraisal Management Company name		
Physical address, City, State, ZIP code		
Designated controlling person (DCP) name ( <i>First, Middle initial, Last</i> )		
DCP 10-digit phone number and extension		DCP email
Answer the following Is your AMC licensed in a single state or in multiple states? . . . . . Single state Multi-state If a single state AMC continue, if a multi-state AMC go to section C.		

**B. Single state AMC**

Answer the following Does your AMC oversee a panel of 16 or more certified or licensed appraisers in one state within the year immediately preceding this application, that have been recruited, selected, and retained to perform appraisals in connection with a covered transaction?* . . . . .			Yes	No
If "No," AMC does not qualify, go to section G. If "Yes," go to section D.				

**C. Multi-state AMC**

Answer the following Does your AMC oversee a panel of 25 or more certified or licensed appraisers in more than one state within the year immediately preceding this application, that have been recruited, selected, and retained to perform appraisals in connection with a covered transaction?* . . . . .			Yes	No
If "No," AMC does not qualify, go to section G. If "Yes," continue.				

#### D. Federally regulated?

Answer the following

Is this a federally regulated AMC? ..... Yes No

If "Yes," go to section F. If "No," continue.

#### E. Appraisal Subcommittee National Registry Eligibility

Answer the following

1. Does this AMC have an owner, in whole or part, directly or indirectly, that has had an appraiser credential refused, denied, canceled, surrendered in lieu of revocation, or revoked in any state for substantive cause, as determined by the state, and the credential has not been reinstated?  
Your AMC does not qualify to be on the National Registry of AMCs if "Yes," is answered. . . . Yes No

2. Have all owners of 10% or more of the AMC successfully completed the fingerprint based background check in Washington? If not, please include the AMC Supplemental Ownership form and have individuals also submit the AMC Owner Registration form and submit their fingerprints . . . . . Yes No

#### F. AMC Registry Fee Calculation

Answer the following

During the immediately preceding 12 months, how many appraisers performed appraisals in connection with a covered transaction\* in the state of Washington? ..... times \$25 = .....

Total amount included for this registry application ..... \$ .....

\*WAC 308-409-020(3)(c) Covered transactions are any appraisals that were performed for consumer credit transactions secured by the consumer's principal dwelling unit.

#### G. Certification

Answer the following

Do you understand that once your AMC is added to the Appraisal Subcommittee National Registry of Appraisal Management Companies, you must maintain the yearly registration or your Washington AMC license will become inactive and the AMC may no longer provide appraisal management services in the state of Washington? ..... Yes No

*I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
TYPE or PRINT Name

**X**

\_\_\_\_\_  
Date and place. **Date determines fee calculation period.**

\_\_\_\_\_  
Designated controlling person signature