

WASHINGTON STATE DEPARTMENT OF Appraisal Management Company Renewal Affidavit

Renew an Appraisal Management Company license.

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

Or mail this completed form, all required documents, and a check or money order for fees (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) 664-6504



Fees

Include with your application:

- Non-refundable renewal fee—\$600
- Late fee-\$38 if your AMC license has expired
- AMC National Registry fee, if eligible to be on registry

Licenses are available for self-printing with an online account.

If you want us to print and m ☐ \$0 self-print license online	ail your license add a \$5 print fee for each o	opy to your payment.
	nail license. Quantity Total \$	
Required documents Copy of proof of an active AMC Appraisal Subcomm	\$100,000 surety bond ittee National Registry of AMCs Eligibility Re	gistration form (whether eligible or not)
Applicant		
PRINT or TYPE Company name		License number
	w. If you answer "Yes," attach a detailed expl	
any business owners, or action (fine, suspension,	n this state or any other jurisdiction, has the lany persons with controlling interest in this be revocation, censure, surrender, etc.) taken a conal license, certification, or permit?	business had any against any
business owners, or any been convicted of, or ent	n this state or any other jurisdiction, has the lead persons with controlling interest in this busing tered a plea of no contest to a gross misdem victions.)	ness defaulted, or neanor or felony crime?
If your address or phone nur	mber has changed, please provide your upda	ated information.
10-digit phone number	Email	
New physical address (Street address	s, City, State, ZIP code)	
New mailing address, if different (Add	ress, City, State, ZIP code)	

Certification

Answer the questions below		
1. Have you read and understood, and will	you comply with the applicable rules and	
regulations (RCW 18.310 and WAC 308	-409), and do you understand the penalties	
		□ No
2. Do you understand that your license may	v be denied, suspended, or revoked if you	
provide false information on this renewal affidavit?		
I declare under penalty of perjury under the	law of Washington that the foregoing is true and correct.	
	TYPE or PRINT Name of designated controlling person	
	X	
Date and place	Signature of designated controlling person	•

Providing any false information in this application may be cause for denial, suspension, or revocation of your business or professional license in the State of Washington.