

Wisconsin Department of Safety and Professional Services

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REAL ESTATE APPRAISERS BOARD

AMC REGISTRY FEE

IMPORTANT NOTE: The AMC Registry Fee must be calculated and paid annually. The Total Amount Due is representative of one completed calendar year, October 1st – September 30th of each year. Only those AMCs whose registry fees have been paid will be eligible to be on the AMC Registry. Please submit each year prior to 12/31 so your AMC remains active on the registry.

Each licensed appraisal management company (AMC) that performs or desires to perform appraisal management services in a federally related transaction shall pay to the Department the annual registry fee required by the Appraisal Subcommittee or its successor agency pursuant to Wis. Stat. § [458.365](#), 12 USC § 3338, and 12 CFR § 1102.402.

- The AMC Registry Fee must be calculated and paid annually. The total amount due is representative of one calendar year. Only those AMCs whose registry fees have been paid will be eligible to be on the AMC Registry.
- In the case of an AMC that has been in existence for more than a year, **\$25** multiplied by the number of appraisers who have performed an appraisal for the AMC in connection with a covered transaction in Wisconsin during the previous year.
- In the case of an AMC that has not been in existence for more than a year, **\$25** multiplied by the number of appraisers who have performed an appraisal for the AMC in connection with a covered transaction in Wisconsin since the AMC commenced doing business.

Is this a Federally regulated AMC?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the AMC been in existence for more than a year?					<input type="checkbox"/> Yes <input type="checkbox"/> No
**Has the AMC been in existence for less than a year? If yes, check month(s) for which you are reporting below:					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

AMC Registry Period (during calendar year for which you are reporting) (less than a year see above**)	Number of Appraisers (during calendar year for which you are reporting)	Total Amount Due (during calendar year for which you are reporting)
October 1, 2022 to September 30, 2023		\$

List below the name of EACH owner of the appraisal management company. Each owner and the Designated Controlling Individual (DCI) is required to submit [Form 4217, Appraisal Management Company Addendum](#). Attached additional sheets if needed.

Full Name	Full Name

Wisconsin Department of Safety and Professional Services

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this form and that all answers set forth within are true in every aspect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with this form may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law.

By signing below, I am signifying that I have read the above statements (Affidavit of Applicant) and understand my obligation to provide truthful information.

Company Name		License Number	
Signature of Designated Controlling Individual or Designee (If unable to provide a digital signature, please print and sign form.)		Date (mm/dd/yyyy)	
		____ / ____ / _____	
Printed Name	Title		
Email Address	Phone Number		
	____ - ____ - _____		

REMINDER

Each owner and the Designated Controlling Individual (DCI) **MUST** submit [Form 4217](#), Appraisal Management Company Addendum.