

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
 Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

REAL ESTATE APPRAISERS BOARD

AMC REGISTRY FEE

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.

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.

The AMC has been in existence for more than a year: Yes No

**The AMC has been in existence for less than a year: Yes No – Note: Months you are reporting for here: _____

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)
2020		

Note: The AMC Registry Fee must be calculated and paid annually. The Total Amount Due is representative of one completed calendar year. Only those AMCs whose registry fees have been paid will be eligible to be on the AMC Registry.

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 #

Signature of Designated Controlling Individual (Print and Sign Form.)

Date
/ /

Annual Registry Fees: Please check applicable box. Make check payable to DSPS and attach to this application.

AMC Registry Fee

For Receiving Use Only (901)

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INFORMATION FOR COMPLETING APPRAISAL MANAGEMENT COMPANY ANNUAL REGISTRY FEE FORM

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