

Wisconsin Department of Safety and Professional Services

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REAL ESTATE APPRAISERS BOARD AMC REGISTRY FEE

An Appraisal Management Company (AMC) that is a subsidiary owned and controlled by a financial institution regulated by a Federal financial institution regulatory agency is not required to be registered with a State.

INSTRUCTIONS: 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"/> <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 AMC. **Each owner and the Designated Controlling Individual (DCI) are required to submit Form 4217, Appraisal Management Company Addendum.** (Attach 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 (Provide a digital signature or 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.