

The Iowa Division of Banking regulates, among other entities, Appraisal Management Companies and Real Estate Appraisers. The AMC Registration Form is intended for new AMC registrants. This form must be accompanied with the following additional forms and documents:

1. Controlling Person –Supplemental Form for Initial Registration (Completed by the Controlling Person)
2. General-Background Packet Request (Completed by the Controlling Person)
3. Completed fingerprint cards & waiver agreement for national background check.
4. Controlling Person –Supplemental Form for Initial Registration (One form, completed individually, for each individual who directly, or indirectly, owns more than 10% of the AMC)
5. General-Background Packet Request (One form, completed individually, for each individual who directly, or indirectly, owns more than 10% of the AMC)
6. Completed fingerprint cards & waiver agreement for national background check.
7. Surety Bond (Paper Application available at: <https://www.idob.state.ia.us/AMC/>)
8. Proof of registration with the Iowa Secretary of State (Certificate of Authority) for any registrant who does not have brick and mortar facilities in Iowa
9. Panel Exhibit (The appraiser's name and certification or license number; the date the appraiser joined the applicant's panel; and, if applicable, the date the appraiser left the applicant's panel.)
10. Supporting documentation for use of Trade Name (if applicable)
11. Supporting documentation for any disciplinary question with a "yes" response.

**\*\* ALL FORMS ARE COMPLETED ELECTRONICALLY THROUGH DATAPRO – THIS FORM IS FOR INSTRUCTIONAL PURPOSES ONLY\*\***

#### 1. INSTRUCTIONS – Appraisal Management Company

##### 1.1 Note

##### **Fees For This Application:**

- \$250 Application Fee
- \$750 Registration Fee
- \$51 Background Investigation Fee (Per Individual)

##### **Supporting Documents:**

- [Surety Bond Form](#)
- Controlling Person Form (additional application for the controlling person & each individual who owns more than 10% of the AMC)
- Panel Information Exhibit
- Ownership Organizational Chart
- Certificate of Authority (Secretary of State)
- Supporting documentation that authorizes the use of a fictitious or trade name (If applicable)

**\*required**

I have read and understand these instructions

1.2 You will need to attach a signed and completed [Surety Bond Form](#).

*NOTE: PERSONS EXECUTING FOR SURETY OTHER THAN CORPORATE OFFICERS MUST ALSO ATTACH POWER OF ATTORNEY.*

**\*required**

I have read and understand these instructions

1.3 You will be asked in a later step to attach a **Certificate of Authority** from the Secretary of State.

**\*required**

I have read and understand these instructions

## 2. Appraisal Management Company (AMC) Information

2.1 Legal Name (Sole Proprietor use Last, First, Middle)

**\*required**

2.2 Does the company conduct business under a name other than the legal name, e.g. a DBA?

*IF Yes, you'll be asked to attach supporting documentation that authorizes the use of a fictitious or trade name*

**\*required**

No  Yes

2.3 Type of Firm

**\*required**

Picklist

(Corporation, Limited Liability Corporation (LLC), Limited Liability Partnership (LLP), Partnership, Professional Corporation (PC), Professional Limited Company (PLC), Sole Proprietorship, Other)

2.4 Date Organized/Incorporated

**\*required**

Date in month/day/year format

2.5 State Organized/Incorporated

**\*required**

Picklist

(50 U.S. States)

2.6 Federal I.D. # for firm or SSN tied to firm registration:

*Privacy Act Notice: If your firm does not have a Federal I.D. number, the Social Security Number of the sole proprietor is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 261.126(1), 252D.8(1), and 272J.8(1), and 193 IAC 4.4. The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.*

**\*required**

2.7 Business Street

**\*required**

Long text input

2.8 Business City

**\*required**

2.9 Business State

**\*required**

Picklist

(50 U.S. States)

2.10 Business Zip

**\*required**

2.11 Business Phone

**\*required**

2.12 Business Fax

2.13 Business Email

**\*required**

2.14 Business Website

**\*required**

### 3. Resident/Registered Agent Information

3.1 Does the AMC have a physical business address located in Iowa?

If no, a registered agent is required.

**\*required**

No  Yes

## RESIDENT/REGISTERED AGENT INFORMATION

### NOTE:

- If the resident/registered agent is a company rather than an individual put the words "registered agent" in the agent title box.
- You can only add one (1) Registered Agent.

\*required

### Add Record

Entity Type (Company or Individual), First Name, Middle Name, Last Name, Company Name, Title, Street Address, City, State, Zip, Phone Number, Email

#### 4. Designated Controlling Person

##### 4.1 DESIGNATED CONTROLLING PERSON

The applicant shall designate a controlling person who shall be the main contact for all communications between the administrator and the AMC, and who shall be responsible for assuring the AMC complies with the provision of Iowa Code chapter 543E and all other state and federal laws and regulations. The designated controlling person will be required to complete and controlling person form. This individual will be notified via the email address provided.

### NOTE:

- You can only add one (1) Designated Controlling Person
- If you are attaching a scanned copy of the completed controlling person form OR a controlling person form has already been submitted by the individual, please mark "Do Not Send Email Request" when adding the individual so we do not request the form again.

\*required

### Add Record

First Name, Middle Name, Last Name, Title, Phone Number, Email, Controlling Person Form Request (Form Required-Send Email Request, Form Required – Do Not Send Email Request, Form Not Required)

#### 5. Ownership

5.1 You will be asked in a later step to attach an **Organization Chart** detailing all of the AMC employees including Owners, Principals, Partners, Officers, and Directors.

\*required

I have read and understand these instructions

##### 5.2 OWNERSHIP

You must provide all of the following information for any individual or entity that owns more than 10% of the AMC. Each individual owner listed (Not a company) must complete and attach a signed controlling person form.

\*\*If you are attaching a scanned copy of the completed controlling person form OR a controlling person form has already been submitted by the individual, please mark "Do Not Send Email Request" when adding the individual so we do not request the form again.

\*required

### Add Record

Entity Type (Company or Individual), First Name, Middle Name, Last Name, Company Name, Date of Birth, Percent of Ownership, Phone Number, Email, Controlling Person Form Request (Form Required-Send Email Request, Form Required – Do Not Send Email Request, Form Not Required)

#### 6. Panel Information

##### 6.1 You will be asked in a later step to attach an exhibit which provides the following information for each appraiser on the applicant's Iowa appraiser panel:

- The appraiser's name and certification or license number;
- The date the appraiser joined the applicant's panel;
- And, if applicable, the date the appraiser left the applicant's panel.

*The panel shall include all appraisers, in the past twelve months preceding submission of this application, the applicant has engaged to perform one or more appraisals in connection with a covered transaction or for a secondary mortgage market participant in connection with a covered transaction, along with all appraisers the applicant has accepted for future consideration for such appraisal assignments.*

\*required

I have read and understand these instructions

##### 6.2 Total # of Panel Members - Nationwide

*Total number of certified or licensed appraisers on the applicant's appraiser panel within the 12 months preceding the submission date of the application.*

\*required

Number

##### 6.3 Total # of Panel Members - Iowa Only

*Total number of certified or licensed appraisers on the applicant's appraiser panel within the 12 months preceding the submission date of the application.*

\*required

Number

##### 6.4 Total # of Actively Engaged Panel Members - Iowa Only

*For purposes of the ASC national registry fee, provide the total number of panel members who actively engaged in appraisal-related assignments for the applicant in the 12 months immediately preceding the month in which this application is submitted.*

\*required

Number

## 7. Disciplinary Attestation

**7.1 If you answer "Yes" to any of the following, you will be required to provide a comment and/or submit an attachment to provide a complete explanation and any supporting documentation or court documents.**

**\*required**

I Agree

7.2 Has this state or another state or jurisdiction canceled, revoked, denied, suspended, or refused to renew the applicant's registration to operate an appraisal management company or denied, suspended, or refused to renew a similar registration under this state's or the other state's or jurisdiction's law?

**\*required**

No  Yes

7.3 Has an owner or controlling person of the applicant been barred, removed, or prohibited from owning or serving as the controlling person of an appraisal management company, or from serving in any capacity in a financial institution by any state or federal regulatory agency, including but not limited to the office of the comptroller of the currency, the federal deposit insurance corporation (FDIC), the board of governors of the federal reserve system, or the U.S. department of housing and urban development?

**\*required**

No  Yes

7.4 Has an owner or controlling person of the applicant been the owner or controlling person of another appraisal management company in another state or jurisdiction, where such other state or jurisdiction has canceled, revoked, denied, suspended, or refused to renew the registration or application for registration of such appraisal management company under this state's or the other state's or jurisdiction's law? (an agreement made between an individuals and the state or jurisdiction not to operate as the owner or controlling person of an appraisal management company may be considered a denial by that state or jurisdiction)

**\*required**

No  Yes

7.5 Has an owner or controlling person of the applicant been convicted of forgery, embezzlement, obtaining money under false pretenses, theft, extortion, conspiracy to defraud, tax evasion, or another similar offense, in a court of competent jurisdiction in this state or in any other state, territory, or district of the united states, or in any foreign jurisdiction? (including a guilty plea, deferred judgement, deferred sentence, or other similar finding of guilt by a court of competent jurisdiction)

**\*required**

No  Yes

7.6 Has the applicant or an owner or controlling person of the applicant made a false submission of material fact on an application for registration or otherwise been implicated in the submission of a false application?

\*required

No  Yes

7.7 Has an indirect or direct owner of the AMC, who is also an appraiser, had their license or certificate to act as an appraiser refused, denied, cancelled, revoked, or surrendered in lieu of revocation in any state for a substantive reason?

\*required

No  Yes

#### 8. AFFIDAVIT-Appraisal Management Company

8.1 Verify that appraisers who will perform appraisal assignments for covered transactions related to real estate located in this state hold a valid, unexpired certificate in good standing as a real estate appraiser issued under Iowa Code chapter 543D.

\*required

Yes I Certify

8.2 Require that appraisals provided or coordinated by the applicant comply with the uniform standards of professional appraisal practice (USPAP), including the competency rule, and has a system in place to monitor such compliance that includes referring matters to the administrator when a registrant has a reasonable basis to believe that a violation of USPAP exists.

\*required

Yes I Certify

8.3 Maintain a system to assure that appraisal management services are performed independently and free from inappropriate influence and coercion pursuant to the appraisal independence standards established under section 129e of the federal truth in lending act, including the requirements for the payment of reasonable and customary fees, and pursuant to Iowa Code section 543D.18, subsections 1 and 2, and Iowa Code section 543D.18A.

\*required

Yes I Certify

8.4 Maintain a system to retain detailed records of all appraisal management services to be performed in this state.

\*required

Yes I Certify

8.5 Maintain a system to assure that the appraiser selected for an appraisal assignment is independent of the transaction and has the requisite education, expertise, and experience necessary to competently

complete the appraisal assignment for the particular market and property type.

**\*required**

Yes I Certify

8.6 Abide by all applicable state and federal statutes and regulations.

**\*required**

Yes I Certify

8.7 Title

**\*required**

8.8 Please type your full name.

**\*required**

REFERENCE ONLY