



Arkansas Appraiser Licensing and Certification Board
 900 West Capitol Avenue, Ste 400
 Little Rock, AR 72201
www.arkansas.gov/alcb
 501-296-1843

FORM AMC-501

Renewal Received/By: _____
 License number: _____
 Process Date/By: _____
 Check # /Check Amount: _____
 Documents Mailed: _____

FOR BOARD USE ONLY

**RENEWAL FORM FOR
 APPRAISAL MANAGEMENT COMPANIES**

Registrant Information:

AMC Name: _____

Mailing Address: _____

Registration Number: _____ Phone Number: _____

E-mail Address: _____

1. Your current registration *expires on* _____. This is your official notice to renew. The renewal fee is \$500. Failure to renew prior to this expiration date will result in the loss of authority to operate as an Appraisal Management Company in Arkansas.
2. If *any* information has changed regarding registrant’s address, controlling person/managing principal, or the agent of record, please use the enclosed forms to report changes that have occurred and submit with this statement.
3. Pursuant to Section IV(c) of the Rules and Regulations, the initial surety bond, in the amount of \$20,000 continues to be in effect. If your bond’s “face amount” has been reduced for cause, the amount required for the bonds restoration to full value is: \$_____.
4. Renewal applications submitted after the expiration date of your current Registration must be accompanied by a delinquency fee of \$50 per month. If you are not planning to renew please notify the Board office on or before the above referenced expiration date.
5. If any legal or regulatory actions, investigations or administrative proceedings have been initiated against the Registrant or the managing principal by other states or any federal agency in the last 12 months, you must attach a full description of each item and copies of relevant documents to this form.
6. Please make all checks or money orders payable to the Arkansas Appraiser Licensing and Certification Board.
7. If you have questions, please contact the AALCB at the address above.

THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE

AMC NAME: _____

Renewal Fees:

A Renewal Fee of \$500 payable by check or money order to the Arkansas Appraiser Licensing & Certification Board must be included with this application.

The undersigned is duly charged to represent the above named Registrant and certifies that the renewal information and supporting documents are, to the best of his/her knowledge, true and accurate in detail.

Witness the hand and seal of the undersigned at (city, state) _____

This ____ day of (month) _____, 20____.

Signature

(Notary Public Signature)

State of: _____

County of: _____

My Commission expires: _____

This form MUST BE RETURNED with your fee in order to process your Renewal



ARKANSAS APPRAISAL MANAGEMENT COMPANY CHANGE FORM

Please utilize this form for reporting any changes of the Registrant's address, the previously named controlling person/managing principal, or agent of record for service of process.

Registrant Information (If changed):

AMC Name: _____

New Mailing Address: _____

Phone Number: _____ E-mail Address: _____

Agent for Service of Process (If changed you will need to send proof of change from the Arkansas Secretary of State's Office):

State the name, address and contact information for the registered agent for service of process.

Name: _____

Mailing Address: _____

Phone Number: _____ E-mail Address: _____

Registrant's designated Controlling Person/Managing Principal (If changed you need to fill out forms AMC-501, 502, 503, 504, 505 and 506):

Name: _____
(Designated Individual)

Mailing Address: _____

Phone Number: _____ E-mail Address: _____

The applicant further states under penalty of perjury or forfeiture of registration that the above designated managing principal is of good moral character and can demonstrate a background that is void of any felony, breach of trust, misdemeanors involving mortgage lending, real estate appraising, and any fraudulent or dishonest dealings.



CONTROLLING PERSON/MANAGEMENT COMPANY
CHANGE FORM FOR
COMPLIANCE CERTIFICATION

AMC NAME: _____

Applicant's Name: _____

On behalf of the above named appraisal management company's application for state registration and in compliance with Act 628 of 2009 the following certification is submitted.

I, _____, do hereby certify that Mr./Ms. _____ is an agent of the above named applicant has been designated and duly authorized as the controlling person(s)/managing principal(s) to contract with individual clients and independent appraisers for the performance of appraisal services; and

I, also certify, that the controlling person herein named has full knowledge of the applicant's responsibilities upon becoming registered and has been officially delegated the authority to ensure the applicant's compliance with the applicable state statutes and Board's Rules and Regulations; and

I, further certify, that upon any change in the designated controlling person, the Board will be notified of the name and contact information within thirty (30) days of that individuals replacement.

Witness the hand and seal of the undersigned at (city, state) _____

This the _____ day of (month) _____, 20_____.

Signature

(Notary Public Signature)

State of: _____

County of: _____

My Commission expires: _____



CONTROLLING PERSON DESIGNEE
CHANGE FORM FOR
ACCEPTANCE CERTIFICATION

AMC NAME: _____

Applicant's Name: _____

I, _____, (name of designee) do hereby certify that I am fully aware of my responsibilities under Act 628 of 2009 as the designated controlling person/managing principal to ensure compliance with all applicable state laws and Board rules on behalf of the Registrant company's operation in Arkansas.

I, further certify, that being of sound body and mind, I have personally accepted the assigned responsibility of the controlling person as defined in the statutes.

Witness the hand and seal of the undersigned at (city, state) _____

This the _____ day of (month) _____, 20_____.

Signature

(Notary Public Signature)

State of: _____

County of: _____

My Commission expires: _____



SYSTEMS AND RECORDKEEPING
CERTIFICATION

AMC NAME: _____

Applicant's Name: _____

I, _____, the undersigned, a duly authorized representative of the above named applicant for registration in Arkansas do hereby certify to the following:

That, the applicant has and will maintain a system to verify that Arkansas Appraisers being added to the applicant's appraiser panel holds a current license that is in good standing under Arkansas Appraiser Licensing & Certification Board Act (§17-14-101 et seq.) and that any out-of-state appraisers given Arkansas assignments will comply with the non-resident credentialing requirements; and

I also certify that the applicant has a process or system in place by which to periodically review the work of all independent appraisers to ensure that the appraisal services on Arkansas assignments are developed and reported in compliance with the applicable edition of the Uniform Standards of Professional Appraisal Practice; and

I further certify that the applicant understands the general recordkeeping requirements as set forth in Act 628 of 2009 and those prescribed by the Boards' rules and regulations, and will specifically maintain for five (5) years, a record of each request for appraisal services as relates to assignments in Arkansas and the independent appraiser that performs the appraisal service for the above named applicant.

Witness the hand and seal of the undersigned at (city, state) _____

This the _____ day of (month) _____, 20_____.

Signature

(Notary Public Signature)

State of: _____

County of: _____

My Commission expires: _____

AMC NAME: _____

If any legal or regulatory actions, investigations or administrative proceedings have been initiated against the Registrant or the managing principal by other states or any federal agency in the last 12 months, you must attach a full description of each item and copies of relevant documents to this form.

The undersigned is duly charged to represent the above named Registrant and certifies that the renewal information and supporting documents are, to the best of his/her knowledge, true and accurate in detail.

Witness the hand and seal of the undersigned at (city, state) _____

This ____ day of (month) _____, 20____.

Signature

(Notary Public Signature)

State of: _____

County of: _____

My Commission expires: _____

**The return of Forms #s 502, 503, 504, 505 and 506 of this document
are only required if there are changes**

Please send to:
Arkansas Appraiser Licensing and Certification Board
101 E. Capitol Ave. Suite 430
Little Rock, AR 72201

