STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION
3300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102
(702) 486-4033 / realest@red.nv.gov / http://red.nv.gov/

APPRAISAL MANAGEMENT COMPANY REGISTRATION INSTRUCTIONS
PLEASE READ CAREFULLY

☐ **FEE:** Attach a check or certified funds made payable to the Nevada Real Estate Division in the amount for $2515.00, plus the fee calculated for the AMC National Registry on page 2.

☐ **REVIEW PROCEDURES:** Attach your written procedure which sets forth the company's process review the work of each independent contractor who provides services to your company for property located in the State of Nevada to ensure those services are conducted in accordance with USPAP. The required review must be completed by a person who is a licensed or certified appraiser in the State of Nevada.

FEE SCHEDULE: A fee schedule is a list of the various real estate appraisal services requested by the appraisal management company from independent contractors and the amount the company will pay for the performance of each service listed. Attach a copy of the appraiser fee schedule. Check one of the boxes below:

☐ Yes, a fee schedule is attached.

☐ No, a fee schedule is not being attached.

Is this AMC owned and controlled by an insured depository institution regulated by the Office of the Comptroller of the Currency (OCC), the Board of Governors of the Federal Reserve System, or the or the Federal Deposit Insurance Corporation (FDIC)? ☐ Yes ☐ No
If "Yes", skip to page 2.

Does the AMC have an owner, in whole or part, directly or indirectly, that has had an appraiser credential refused, denied, cancelled, surrendered in lieu of revocation, or revoked in any State? ☐ Yes ☐ No
If "yes", please explain and provide all related documentation.

_____

_____

_____

Does the AMC have a person who owns more than 10% of the AMC who has been convicted of, or entered a plea of nolo contendere to, a felony relating to the practice of appraisal or any crime involving fraud, misrepresentation or moral turpitude? ☐ Yes ☐ No
If "yes", please explain and provide all related documentation.

_____

_____

_____

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NATIONAL REGISTRY INFORMATION COLLECTION FOR NEW AND RENEWAL APPLICATIONS

Does your AMC currently oversee a panel of *(Select only one)*

☐ more than 15 certified or licensed appraisers in Nevada that have been recruited, selected, and retained to perform appraisals in connection with covered transactions?

☐ 25 or more certified or licensed appraisers in two or more States that have been recruited, selected, and retained to perform appraisals in connection with a covered transaction?

☐ Neither. *If "Neither, AMC does not qualify for the National Registry, go to section B.*

A. AMC REGISTRY FEE CALCULATION – Answer the following

During the 12-month time frame immediately preceding this application, how many appraisers performed at least one appraisal in connection with a covered transaction in the State of Nevada? _____

Fee Calculation period _____ to _____ , (12-month period)

Number of appraisers (from above)_____X $25.00 =_____(total amount due)

Covered transactions are any appraisals that were performed for consumer credit transactions secured by the consumer's principal dwelling unit.

B. CERTIFICATION

You must maintain the yearly registration of your Nevada AMC license. Your registration will be closed if it is not renewed before the expiration date. If you do not renew the AMC registration, you may no longer provide services in the State of Nevada.

ADDITIONAL FORMS: Forms 571A and 571B

571A: Individual Application Form
571B: AMC Branch Office Application

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APPRAISAL MANAGEMENT COMPANY REGISTRATION FORM

Fee: Please make check, money order, or cashier's check payable to **NRED** for **$2515.00.**

1. **COMPANY NAME:** _____ **FID (Required):** _____

   Main location address: _____

   Mailing address (if different from location address): _____

   Phone Number:_____ Fax Number:_____ Email Address: _____

   If the applicant is a natural person, also complete Form 571A. Each person who has an interest in the Appraisal Management Company as a Principal, General Partner, Director, Officer, Trustee, Manager, or registered agent must complete Form 571A as well.

2. **BRANCH OFFICE:** Any office other than a principal office from which an appraisal is ordered for property located in the State of Nevada. List branch offices below and complete Form 571B for each Branch Office or check the No Branch offices box: ☐ **No branch offices**

   a. Address:_____

   City:_____ State:_____ Zip Code:_____

   b. Address:_____

   City:_____ State:_____ Zip Code:_____

   c. Address:_____

   City:_____ State:_____ Zip Code:_____

3. **QUALIFIED EMPLOYEE:** A Principal, General Partner, Director, Officer, Trustee, Manager or Registered Agent who is designation to act on behalf of the company.

   Name:_____ Title:_____

   Business Address: _____

   City:_____ State:_____ Zip Code: _____

Division Use Only:	Registered # AMC_____	Issued Date:_____	Processor Initials: _____
	Date: _____	Receipt Number:_____	Processor Initials: _____

4. COMPANY QUESTIONS: Please make an indicator next to questions a-e. For any answer of yes, provide a copy of the judgement or order and a written statement explaining the circumstances surrounding the legal issue(s).

a. ☐ Yes ☐ No Has the AMC ever had any judgments entered against the company?

b. ☐ Yes ☐ No Has a receiver been appointed to take control of any assets of the AMC?

c. ☐ Yes ☐ No Does the AMC have a process in place to verify that each appraiser providing your company services on property located in the State of Nevada holds a current and active license or certification in the State of Nevada? **Attach process.**

d. ☐ Yes ☐ No Does the AMC have procedures in place to have a Nevada licensed or certified appraiser review the work provided by the contracted appraiser that ensures the real estate appraisal services are being performed in compliance with USPAP?

Appraiser's Name: _____ **License Number:** _____

e. ☐ Yes ☐ No Does the AMC maintain a detailed record of each appraisal service request and the contractor who fulfilled the request?

5. DECLARATION: Signature of Applicant (NRS 53.045)

I, (print name)_____hereby, under penalty of perjury, declare that the answers contained in this application are true and correct; and that the Appraisal Management Company named herein, will faithfully comply with all the statutes and regulations of the State of Nevada pertaining to the conduct of Appraisals in accordance with the State of Nevada statutes and regulations NRS/NAC 645C.

Signature:_____Position:_____Date: _____

6. List any person who will have more than 10% ownership interest in this AMC including, but not limited to Principal, General Partner, Director, Officer or Trustee. Each individual listed here must complete Form 571A. Attach an additional page if needed.

a. Name: _____ Title: _____ Position: _____

b. Name: _____ Title: _____ Position: _____

c. Name: _____ Title: _____ Position: _____

d. Name: _____ Title: _____ Position: _____

e. Name: _____ Title: _____ Position: _____

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CONSENT TO SERVICE OF PROCESS (NRS 645.495)

Registrants complete this form.

Company Name: _____

DECLARATION: Signature of applicant (NRS 53.045)
Declarant, hereinafter referred to as "Applicant," hereby irrevocably constitutes and appoints the Administrator of the Division of Real Estate, Department of Business & Industry, State of Nevada or his/her successor in office, to be his/her true and lawful agent within this state, upon whom all legal process in any suit, action or proceeding arising under, or in any way connected with any provisions of Chapters 645, 645C, 645D, 119, 119A, 119B, 116, and 40 of Nevada Revised Statutes, or any rule or order pursuant thereto, or based upon any fraud, deceit, breach of contract or other thing connected with the sale or offer for sale, negotiation or appraisal of any real estate, timeshare or campground membership, may be served upon said applicant, personally within the State of Nevada. Pursuant to NRS 645C.367 and NRS 645C.660, until the applicant attests by affidavit or declaration to the Administrator that he/she is a bona fide resident of the State of Nevada, this appointment and the authority of said attorney shall continue in force and effect so long as any such liability remains outstanding, and a copy of any process served hereunder may be sent by certified mail, return receipt requested, addressed to:

Company Address: _____

_____
Signature of Person Representing the AMCs application to the notary

STATE OF:_____} SS

COUNTY OF: _____

This instrument was acknowledged before me on *(date)*_____, in the possession of signer, *(notary prints the name of the person signing this document)*_____.

_____
Seal *Notary Signature*

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REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE
Pursuant to NRS 645C

All applicants MUST complete this section. Please select ONE option.

☐ I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.

My Nevada business license number is: _____

☐ I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.

☐ I do NOT have a Nevada business license number.

The Real Estate Division is not the arbiter of determining whether the applicant needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at: http://nvsos.gov/.