



**State of Rhode Island
Department of Business Regulation
Division of Commercial Licensing
Real Estate Appraisers Section
1511 Pontiac Ave, Bldg. 69-1
Cranston, RI 02920**

AMC Registration Requirements

The following documents must accompany a completed application at the time of submission. All incomplete submissions will be returned. All registrations are valid for one (1) year from the date of issuance.

- Proof of registration with the Rhode Island Secretary of State.
- **An Attestation for all Owners/Officers/Employee-in-Charge/Managing Principals** must be completed by each individual or corporation, partnership or other business entity, who, directly or indirectly own more than ten percent (10%) of an applicant AMC, and any officer, employee in charge, or managing principal of an applicant AMC.
- Bureau of Criminal Identification and Investigation (BCI) background check from the Rhode Island Office of the Attorney General located at 4 Howard Avenue, Cranston, RI 02920. Any questions about this process should be directed via email at BCIstate@riag.ri.gov. **Non-residents must ALSO submit a Criminal History Record (CHR) from their home state law enforcement agency.**
- If applicable, a copy of the Trade Name Certificate.
- If applicable, a list of all other states the AMC is registered.

Fees:

All checks or money orders are to be made payable to the **RI General Treasurer**.

Initial Registration Fee - \$500.

- Add an additional \$100 if your license has exceeded the expiration date, along with a completed License Reissuance Affidavit.
- AMC Federal Registry Fee - \$25 x _____ (No. of appraisers whom performed a covered transaction appraisal for the AMC from the information provided in Question 1 below).



State of Rhode Island
Department of Business Regulation
Division of Commercial Licensing
Real Estate Appraisers Section
1511 Pontiac Ave, Bldg. 69-1
Cranston, RI 02920

Appraisal Management Company (AMC) Initial/Annual Registration Application

Appraisal Management Company			
Name of Company			
Mailing Address	City	State	Zip Code
Business Address (if different than mailing address)	City	State	Zip Code
Telephone Number	Fax Number	FEIN (Or SSN for a Sole Proprietor)	
Email Address	Website Address		
Check one: <input type="checkbox"/> Single State AMC OR <input type="checkbox"/> Multi-State AMC-State AMC			
IF SINGLE STATE AMC - Does the AMC oversee a panel of 16 or more certified or licensed appraisers in Rhode Island within a given year that have been recruited, selected and retained to perform appraisals in connection with a covered transaction? Yes <input type="checkbox"/> No <input type="checkbox"/>		IF MULTI-STATE AMC - Does the AMC oversee a panel of 25 or more certified or licensed appraisers in more than one State within a given year that have been recruited, selected and retained to perform appraisals in connection with a covered transaction? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Whether single state or multi-state: <ul style="list-style-type: none"> If you answered YES above, then the AMC qualifies for inclusion in the national registry. Proceed to Question 1. If you answered NO above, then the AMC qualifies for State Registration ONLY and does not qualify for inclusion on the AMC National Registry. Proceed to Question 2. 			
1. Insert here _____ the number of appraisers on the AMC's panel that were used to perform work on covered transactions in Rhode Island during the previous FULL 12-month period that ends on the 1 st day of the month prior to the month that your AMC registration expires in. <i>Ex. If expiration date is December 13, 2019, the full prior 12-month period is: November 1, 2018 to November 1, 2019.</i> ("Covered transaction" means any consumer credit transaction secured by the consumer's principal dwelling.)			
2. Attach a copy of the AMC's corporate registration from the Rhode Island Secretary of State.			
3. Will you be using a Trade Name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of the Trade Name Certificate.			
4. Has the AMC's registration been denied, suspended or revoked, in this state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a statement of explanation.			
5. The AMC certifies that the following systems and processes are in place: <input type="checkbox"/> Yes <input type="checkbox"/> No <ol style="list-style-type: none"> a. To verify that any appraiser added to the AMC's appraiser panel holds a license/certification in good standing to perform appraisals in RI. b. To periodically perform quality assurance reviews of independent fee appraisers' work to ensure compliance with USPAP. c. To maintain detailed records of each service request that the AMC received for five (5) years. d. To ensure that any appraiser selected to perform an appraisal assignment has the requisite experience and education necessary for the property type. e. To ensure all appraisal services provided are in compliance with §129E of the Truth in Lending Act, 15 U.S.C. § 1639E. f. To ensure that any employee who has the responsibility to review the work of an independent fee appraiser has a current USPAP certification. 			
OFFICE USE ONLY			
Registration Number	Effective Date	Expiration Date	



State of Rhode Island
Department of Business Regulation
Division of Commercial Licensing
Real Estate Appraisers Section
1511 Pontiac Ave, Bldg. 69-1
Cranston, RI 02920

Controlling Person			
Name of AMC Controlling Person			
Street Address		City	State Zip Code
Telephone Number		Email Address	
1. Has the AMC Controlling Person, if applicable, ever had their appraisal license or certification denied, suspended or revoked, in this state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, attach a statement of explanation.			
2. Has the AMC Controlling Person ever had or currently have any disciplinary actions taken against them in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a statement of explanation.			
3. Has the AMC Controlling Person ever been convicted of or plead nolo contendere to any criminal offense (other than minor traffic offences), in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach an explanation and/or disposition.			
4. You MUST submit a copy of your Criminal History Record (CHR) from the Rhode Island Department of the Attorney General. If you are not a resident of Rhode Island, you <u>MUST ALSO</u> submit a Criminal History Record from your home state law enforcement agency.			
5. Attach a list of all owners, indicating their percentage of ownership and indicating which owners, if any, are credentialed appraisers. 100% of ownership must be disclosed.			
6. Has any owner of any percentage of ownership of this AMC who is a credentialed appraiser had their license or certificate refused, denied, cancelled, or surrendered in lieu of revocation, or revoked in any State? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach additional information explaining the discipline.			

Non-Resident Entities			
Name of Agent for Service of Process			
Mailing Address		City	State Zip Code
CONSENT TO SERVICE OF PROCESS			
Pursuant to R.I. Gen. Laws § 5-20.9-5, The undersigned _____, <div style="text-align: right;">(name of AMC)</div> an entity organized under the law of _____, having applied to be registered as an AMC in Rhode Island, hereby irrevocably consent that service of process in any action arising out of the registrant's activities as an appraisal management company in Rhode Island may be made by delivery of the process on the Director.			
_____	_____	_____	
<i>Name of Controlling Person</i>	<i>Signature of Controlling Person</i>	<i>Date</i>	

Controlling Person ONLY			
I swear, under penalty of perjury that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny licensure by the Rhode Island Department of Business Regulation.			
_____	_____	_____	
<i>Name of Controlling Person</i>	<i>Signature of Controlling Person</i>	<i>Date</i>	

Tax Payer Status Affidavit	
Pursuant to R.I. Gen. Laws, Chapter 5-79, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due to the state, or must have entered into a written agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.	
Have you filed all required Rhode Island State tax returns, and have you paid all taxes owed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



State of Rhode Island
Department of Business Regulation
Division of Commercial Licensing
Real Estate Appraisers Section
1511 Pontiac Ave, Bldg. 69-1
Cranston, RI 02920

Attestation for all Owners/Officers/Employee-in-Charge/Managing Principals

In accordance with R.I. Gen. Laws § 5-20.9-4(d), this form must be completed for each individual or any corporation, partnership or other business entity, who, directly or indirectly own more than ten percent (10%) of an applicant AMC, and any officer, employee in charge, or managing principal of an applicant AMC. Attach additional forms for each individual or business entity.

Name of AMC			
First Name		Middle Initial	Last Name
Street Address		City	State Zip Code
% of Ownership	Form of Ownership <input type="checkbox"/> Officer <input type="checkbox"/> Owner <input type="checkbox"/> Employee in charge <input type="checkbox"/> Managing Principal	Is the Owner/Officer: <input type="checkbox"/> Certified General <input type="checkbox"/> Certified Residential <input type="checkbox"/> Unlicensed	Appraisal License No./State (if applicable)
1. Have you had an appraisal license or certification denied, suspended, or revoked in this state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If yes, attach a statement of explanation.			
2. Have you ever had or currently have any disciplinary actions taken against them in this state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If yes, attach a statement of explanation.			
3. Have you ever been convicted of or plead nolo contendere to any criminal offense (other than minor traffic offences), in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If yes, attach a statement of explanation.			
4. You must submit a copy of your Criminal History Record (CHR) from the Rhode Island Department of the Attorney General. If you are not a resident of Rhode Island, you must also submit a Criminal History Record from your home state law enforcement agency.			
I swear, under penalty of perjury that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny licensure by the Rhode Island Department of Business Regulation.			
_____		_____	
<i>Signature</i>		<i>Date</i>	