



State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920

Division of Commercial Licensing
Real Estate Appraisers Section

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.
- A list of **ONLY** the Independent Fee Appraisers on the AMC's panel whom have performed an appraisal(s) in Rhode Island.
- **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.
- AMC Federal Registration Fee - \$25 x _____ (No. of appraisers who performed an appraisal for the AMC in the past 12 months).



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Appraisal Management Company (AMC) 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		
1. Attach a list of all Rhode Island independent fee appraisers on the AMC's appraisal panel. Include here the number of appraisers _____ whom have performed an appraisal for the AMC during the previous 12-month period covered in the list beginning ____/____/____ thru ____/____/____.			
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. Are you a multistate AMC? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', provide a list of all other states the AMC is registered in.			
5. Has the AMC had a registration 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.			
6. The AMC certifies that the following systems and processes are in place: <input type="checkbox"/> Yes <input type="checkbox"/> No <ul 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 independent fee appraisers has a current USPAP certification. 			
OFFICE USE ONLY			
Registration Number	Effective Date	Expiration Date	

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 must also submit a Criminal History Record from your home state law enforcement agency.			
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 _____,			
(name of AMC)			
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.			
_____ Name of Controlling Person	_____ Signature of Controlling Person	_____ Date	
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.			
_____ Name of Controlling Person	_____ Signature of Controlling Person	_____ Date	
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			



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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.				
_____ Signature			_____ Date	

Revised 11/2023