



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**APR**

FOR DIVISION USE ONLY

**Real Estate Appraisers Program**

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 269-8160

Email: [RealEstateAppraisers@Alaska.Gov](mailto:RealEstateAppraisers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardofRealEstateAppraisers](http://ProfessionalLicense.Alaska.Gov/BoardofRealEstateAppraisers)

## Appraisal Management Company Annual Federal Registration

The Federal Registry will be updated in July of each year with Appraisal Management Companies (AMC) who qualify. This form is due no later than June 30th for an AMC to be included in this annual update. If an AMC is unable to complete this form on-time, please contact this division.

- The calculating period for AMCs in Alaska is every calendar year (January 1st to December 31st).
- The period for reporting AMCs in Alaska is January 1st to June 30th for the preceding calendar year's calculating period.

### PART I Payment of Fees

Complete the worksheet below to determine if payment is required.

Total from Part V Registry Fee Calculation Section Below:

### PART II License Information

Doing Business As:  
(DBA)

AMC License  
Number:

### PART III Controlling Person

List the full name of the AMC's controlling person. The controlling person is defined as the individual serving as the main contact point between the board and the company.

Full Name:

Full Address:

P.O. Box or Street

City

State

Zip

Appraiser License  
Number:

State of Licensure:

## PART IV Eligibility Determination

1. Please select whether you are a Single State AMC or Multi-State AMC:

Single State AMC

Does the AMC oversee a panel of 16 or more certified or licensed appraisers in Alaska within a given year that have been recruited, selected and retained to perform appraisals in connection with a covered transaction?

If Yes, continue.

If No, AMC does not qualify.

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?

If Yes, continue.

If No, AMC does not qualify.

2. Is this a federally regulated AMC?

If Yes, skip to Part V.

If No, continue.

3. 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?

If Yes, AMC may not qualify. Submit documentation as to the cause and proof that credential reinstated.

If No, continue.

4. Does the AMC have a person who owns more than 10% of the AMC who is not of good moral character, as determined by the State of Alaska? (12 AAC 70.160(c))

If Yes, AMC does not qualify.

If No, continue.

5. AMCs are required under 12 AAC 70.165(2) for their Alaskan appraiser panel to be registered and in good standing with the State of Alaska. Does the AMC panel have a process in place to verify that all appraisers performing appraisals in Alaska are certified by the state and in good standing, and have geographic competency for the market area in which the appraisal is performed?

If Yes, proceed to Part V.

If No, AMC does not qualify.

## PART V Fee Calculation

The State of Alaska Fee Calculation Period is from January 1 – December 31. During the Fee Calculation Period, how many appraisers performed appraisals in connection with a covered transaction in Alaska?

|                       |  |                 |  |
|-----------------------|--|-----------------|--|
| Number of Appraisers: |  | X \$25 = Total: |  |
|-----------------------|--|-----------------|--|

Enter the **TOTAL** in *Part I: Payment of Fees* at the beginning of this document.



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**Signature Page**

**Applicant Name:**

**PART VI Agreement**

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

**Applicant Signature:**

**Date Signed:**



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Phone: (907) 465-2550

### Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Profession Type (e.g., Acupuncture): \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

**AMOUNT**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (fine, exam, etc.): \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

**CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!**

1. Credit Card Number: -----

2. Expiration Date: -----

3. Security Code: -----

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.