

State of Florida
Department of Business and Professional Regulation
Florida Real Estate Appraisal Board
Appraisal Management Company – Maintenance
Form # DBPR FREAB - 2

APPLICATION CHECKLIST - IMPORTANT - Submit all items on the checklist below with your application to ensure faster processing.

TRANSACTION	APPLICATION REQUIREMENTS
Close AMC	<input type="checkbox"/> Complete Sections I, II and VII
Company Address Change	<input type="checkbox"/> Complete Sections I, III and VII.
Company Address Change with Issuance of Updated License	<input type="checkbox"/> Complete Sections I, III, V and VII. <input type="checkbox"/> Submit the \$20.00 fee. Make check payable to the Florida Department of Business and Professional Regulation.
Request Duplicate License	<input type="checkbox"/> Complete Sections I, V and VII. <input type="checkbox"/> Submit the \$20.00 fee. Make check payable to the Florida Department of Business and Professional Regulation.
Company Name Change with Issuance of an Updated License	<input type="checkbox"/> Complete Sections I, IV and VIII. <input type="checkbox"/> Submit the \$20.00 fee. Make check payable to the Florida Department of Business and Professional Regulation.
Renewal Request	<input type="checkbox"/> Complete Sections I, VI and VII <input type="checkbox"/> Submit the \$305.00 fee. Make check payable to the Florida Department of Business and Professional Regulation.

Please mail your completed application, documentation and required fee(s) to:
Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399-0783

Instructions

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

1. Application Instructions (by section)

- a. **Section I - Transaction Type**
 - i. Check only the applicable transaction(s) you are seeking.
 - ii. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the address provided and may take longer to resolve.
- b. **Section II - Close AMC**
 - i. This transaction allows an Appraisal Management Company to cancel their registration with the Florida Real Estate Appraisal Board.
 - ii. The section must be completed by the authorized representative. Mail the completed application to the address at the top of the form.
 - iii. There is no fee for this transaction.
- c. **Section III - Company Address Change**
 - i. This transaction allows an Appraisal Management Company to change their current mailing and/or physical address.
 - ii. Choosing this transaction will change the address on file with the Department but it will not issue an updated license with the new address information. If you wish to have an updated license issued, you must also complete Section V of this application.
 - iii. There is no fee for an address change without issuance of an updated license. If you are requesting an updated license you must submit a fee in the amount of \$20.00

- d. **Section IV - Company Name Change**
 - i. This transaction allows an Appraisal Management Company to change their registered name with the Department of Business and Professional Regulation.
 - ii. Prior to applying for a name change with the Department, the name change must be registered with the Florida Department of State, Division of Corporations.
 - iii. A new license will be mailed out to the current mailing address of record. Allow 10-15 business days for the new license to arrive once the request has been completed.
 - iv. The fee for this transaction is \$20.00.
- e. **Section V - Request Duplicate License**
 - i. This transaction allows an Appraisal Management Company to obtain a duplicate or updated license.
 - ii. A new license will be mailed out to the current mailing address of record. Allow 10-15 business days for the new license to arrive once the request has been completed.
 - iii. The fee for this transaction is \$20.00.
- f. **Section VI - Company Renewal Request**
 - i. This transaction allows the Appraisal Management Company to renew their license should they fail to receive a renewal notice or the notice has been lost.
 - ii. Send your request with a check or money order payable to: Department of Business and Professional Regulation (DBPR).
 - iii. To avoid any late fees make sure the renewal is postmarked on or before the expiration date of the license.
 - iv. A late fee will be assessed to all renewals postmarked after the expiration date.
 - v. For questions, you may contact the Customer Contact Center at 850.487.1395.
 - vi. The fee for this transaction is \$305.00.
- g. **Section VII - Affirmation by Written Declaration**
 - i. The applicant must read and sign the affirmation by written declaration.
 - ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

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Section I – Transaction Types

CHECK ONLY ONE OF THE APPLICATION TYPES (Use multiple forms if more than one transaction is applicable)	
<input type="checkbox"/> Close AMC (Complete Section II and VII) [8050]	
<input type="checkbox"/> Company Address Change (Complete Section III and VII) [9006]	
<input type="checkbox"/> Company Address Change with Issuance of Updated License - (Complete Sections III, V and VII) [8001]	
<input type="checkbox"/> Request Duplicate License – (Complete Section V and VIII) [8001]	
<input type="checkbox"/> Company Name Change with Issuance of Updated License – (Complete Section IV, and VII) [8001]	
<input type="checkbox"/> Renewal Request — (Complete Section VI and VII) [2020]	
CHECK YOUR APPRAISAL MANAGEMENT COMPANY TYPE	
<input type="checkbox"/> Corporation/Professional Association/LLC	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
CONTACT INFORMATION	
Contact Person Name: _____ Phone Number: () - _____	
Contact Person Email Address: _____ AMC Email Address: _____	

Section II – Close AMC

COMPANY INFORMATION
Name of Appraisal Management Company: _____
License # of Appraisal Management Company: _____

Section III – Company Address Change

COMPANY INFORMATION			
Appraisal Management Company Name	Appraisal Management Company License #		
NEW PHYSICAL ADDRESS			
Street Address			
City	State	Zip Code (+4 optional)	
County	Country		
NEW MAILING ADDRESS - BUSINESS			
Street Address			
City	State	Zip Code (+4 optional)	
County	Country		

Section IV –Company Name Change

COMPANY INFORMATION	
This transaction is for changing the company’s name. Entities registered with the Division of Corporation/Department of State must change their name there prior to making this request.	
Appraisal Management Company License #:	
Appraisal Management Company Name (previous)	
Appraisal Management Company Name (new)	
Signature of Authorized Representative	
(date)	

Section V – Request Duplicate or Updated License

LICENSE INFORMATION	
Appraisal Management Company License Number	
Appraisal Management Company Name	

Section VI –Company Renewal Request

COMPANY INFORMATION	
This transaction is for renewing a license. Entities registered with the Division of Corporation/Department of State must have a valid registration with them in order to be renewed.	
Appraisal Management Company License #:	
Appraisal Management Company Name	
Signature of Authorized Representative	
(date)	

Section VII – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.	
Signature:	Date:
Print Name:	