



**NORTH CAROLINA
APPRAISAL BOARD**

5830 Six Forks Road
Raleigh, NC 27609
919-870-4854

www.ncappraisalboard.org
ncab@ncab.org

RENEWAL APPLICATION FOR APPRAISAL MANAGEMENT COMPANY REGISTRATION

TYPE OR PRINT CLEARLY IN INK. The renewal fee is **\$2000 and is NON-REFUNDABLE.** Payment may be made by check, but if the check is returned for insufficient funds, the renewal will be cancelled.

Your company must submit the original Appraisal Management Company Registration Bond \$25,000 form with the renewal application. The bond form is at: <http://www.ncappraisalboard.org/forms/AMCForms/SuretyBond>.

1 Company's Name:

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2 NC Registration Number:

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3 Contact person for renewal:

Name	Telephone	Email
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4 Has main address for company changed? No ____ Yes ____ (Complete information below)

Street Address		County	
City	State	Zip	
PO Box (if applicable)	City	State	Zip
Telephone	Fax	Email	

Send mail to Post Office Box

5 Has service of process agent changed? No ____ Yes ____ (Complete information below)

Name			
Street Address		County	
City	State	Zip	
Telephone	Fax	Email	

6

Has compliance manager changed? No ____ Yes ____ (Complete information below)

Name of Compliance Manager:

Date notification sent to Board:

7

CERTIFICATION

The undersigned, in making this application for renewal to the North Carolina Appraisal Board for registration as an Appraisal Management Company under the provisions of Chapter 93E of the General Statutes of North Carolina swears or affirms that he (or she) has been designated by the Appraisal Management Company to make this application for renewal on their behalf, and that all information provided in connection with this application for renewal is true to the best of his or her knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosures , or the return of a check for insufficient funds, may be deemed sufficient reason to withhold renewal of or suspend or revoke a registration issued by the Board.

SIGNATURE OF APPLICANT: _____

Printed name: _____ Title: _____

Date _____