

**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION**

2501 East Sahara Avenue, Suite 102 * Las Vegas, NV 89104-4137 * (702) 486-4033
E-mail: realest@red.state.nv.us <http://www.red.state.nv.us>

APPRAISAL MANAGEMENT COMPANY REGISTRATION INSTRUCTIONS

- FEE:** Attach a check or certified funds made payable to the Nevada Real Estate Division or cash in the exact amount for \$2500.00.

- REVIEW PROCEDURES:** Attach your written procedure which sets forth the company's process to review the work of each independent contractor who provides services to your company for property located in the State of Nevada to ensure those services are conducted in accordance with USPAP. The required review must be completed by a person who is a licensed or certified appraiser in the State of Nevada.

- FEE SCHEDULE:** A fee schedule is a list of the various real estate appraisal services requested by the appraisal management company from independent contractors and the amount the company will pay for the performance of each service listed. Attach a copy of the appraiser fee schedule if one is used.

ADDITIONAL FORMS: Forms 571A and 571B

571A: Individual Application Form

571B: AMC Branch Office Application

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APPRAISAL MANAGEMENT COMPANY REGISTRATION FORM

Fee: Please make check, money order, or cashier's check payable to **NRED** or exact cash for **\$2500.00**.

1. COMPANY NAME: _____

Main location address: _____

Mailing address (if different from location address): _____

Phone: (____) _____ Fax: (____) _____ Email: _____

If the applicant is a natural person, also complete Form 571A. Each person who has an interest in the Appraisal Management Company as a Principal, General Partner, Director, Officer, Trustee, Manager, or registered agent must complete Form 571A as well.

2. BRANCH OFFICE: Any office other than a principal office from which an appraisal is ordered for property located in the State of Nevada. List branch offices below and complete Form 571B for each Branch Office or check the No Branch offices box: **No branch offices**

ADDRESS	CITY	STATE	POSTAL CODE	(AREA CODE) PHONE
1.				
2.				
3.				

Attach additional page if necessary.

3. QUALIFIED EMPLOYEE: A Principal, General Partner, Director, Officer, Trustee, Manager, or Registered Agent who is designated to act on behalf of the company

Name: _____ **Title:** _____

Business address: _____

Division use only: Reg. # AMC _____ Issued date: _____ Processor initials: _____

Date: _____ Receipt number: _____ Processor Initials: _____

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- 4. COMPANY QUESTIONS:** Please make an indicator next to **questions a-e**. For any answer of yes, provide a copy of the judgment or order and a written statement explaining the circumstances surrounding the legal issue(s).
- a. Yes No Has the AMC ever had any judgments entered against the company?
- b. Yes No Has a receiver been appointed to take control of any assets of the AMC?
- c. Yes No Does the AMC have a process in place to verify that each appraiser providing your company services on property located in the State of Nevada holds a current and active license or certification in the State of Nevada?
- d. Yes No Does the AMC have procedures in place to have a Nevada licensed or certified appraiser review the work provided by the contracted appraiser that ensures the real estate appraisal services are being performed in compliance with USPAP?
- e. Yes No Does the AMC maintain a detailed record of each appraisal service request and the contractor who fulfilled the request?
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5. DECLARATION: Signature of applicant (NRS 53.045)

I, (print name) _____ hereby, under penalty of perjury, declare that the answers contained in this application are true and correct; and that the Appraisal Management Company named herein, will faithfully comply with all the statutes and regulations of the State of Nevada pertaining to the conduct of Appraisals in accordance with the State of Nevada statutes and regulations NRS/NAC 645C.

Signature (Must be signed in front of a registered Notary Public)

Position and date

STATE OF _____ }
COUNTY OF _____ } SS

This instrument was acknowledged before me on _____ date, in the possession of applicant (SIGNER'S NAME)

(Notary prints the name of person who takes oath and signs the document.)

seal

X

Signature of Notary

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6. List of Principals, General Partners, Officers, Directors, Trustees, Managers, and/or Registered Agent. Each individual listed must complete Form 571A. Attach an additional page if needed.

Name:	Title	Position
Name:	Title	Position
Name:	Title	Position
Name:	Title	Position
Name:	Title	Position

7. (NRS 645.495)

CONSENT TO SERVICE OF PROCESS

Registrants who reside out-of-state locations must complete this form. Nevada residents leave blank.

Company name: _____

Hereinafter referred to as "Applicant," hereby irrevocably constitutes and appoints the Administrator of the Division of Real Estate, Department of Business & Industry, State of Nevada or his/her successor in office, to be his/her true and lawful agent within this state, upon whom all legal process in any suit, action or proceeding arising under, or in any way connected with any provisions of Chapter 645, 645C, 645D, 119, 119A, 119B, 116 of Nevada Revised Statutes, or any rule or order pursuant thereto, or based upon any fraud, deceit, breach of contract or other thing connected with the sale or offer for sale, negotiation or appraisal of any real estate, timeshare or campground membership, may be served upon said applicant, personally within the State of Nevada. Until the applicant attests by affidavit to the Administrator that he/she is a bona fide resident of the State of Nevada, this appointment and the authority of said attorney shall continue in force and effect so long as any such liability remains outstanding, and a copy of any process served hereunder may be sent by certified mail, return receipt requested, addressed to:

Company address: _____

X

(Signature of person representing the AMC's application to the notary)

STATE OF: _____ }
COUNTY OF: _____ } ss

This instrument was acknowledged before me on _____ date, in the possession of signer,
_____.

(Notary prints the name of person signing this document)

seal

X

Notary Signature

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**REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE
Pursuant to NRS 645C**

All applicants MUST complete this section. Please select ONE option.

I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.

My Nevada business license number is: _____

I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.

I do NOT have a Nevada business license number.

The Real Estate Division is not the arbiter of determining whether the applicant needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at: <http://nvsos.gov/>