



## APPRAISER CERTIFICATION AND LICENSURE BOARD

3000 Market Street NE, Suite 541

Salem, Oregon 97301

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### APPRAISAL MANAGEMENT COMPANY ANNUAL REPORT

- This form must be filed with the Appraiser Certification and Licensure Board no later than March 31<sup>st</sup> of each year.
- Type or print clearly in ink and provide an original signature.
- Report the following information for the period of January 1<sup>st</sup> to December 31<sup>st</sup> of the previous year.

#### **Section 1 – Appraisal Management Company**

Name of Appraisal Management Company: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Website Address: \_\_\_\_\_

Oregon Registration Number: \_\_\_\_\_

#### **Section 2 – Annual Report (From January 1<sup>st</sup> to December 31<sup>st</sup>)**

\_\_\_\_\_ has provided appraisal management services or served as a  
AMC Name  
third-party broker of real estate appraisal activity in Oregon for \_\_\_\_\_ appraisals.

Yes \_\_\_ No \_\_\_ Has your company **EVER** had any action taken by another state or federal regulatory agency to refuse to issue, deny, cancel or revoke a license, certification or registration as an appraisal management company? If yes, on a separate sheet of paper please explain and provide a copy of any documentation that describes the charges, and the action taken by the agency.

Yes \_\_\_ No \_\_\_ Has any subject individual, as defined in OAR 161-500-0000, **EVER** been reprimanded or fined or had a license, certificate or registration suspended, revoked, restricted, denied, or surrendered in this or any other state by any agency that has granted them a license, certificate or registration to engage in a regulated occupation, trade or profession? If yes, on a separate sheet of paper please explain and provide a copy of any documentation that describes the charges against them and the action taken by the agency.

#### **Section 3 – Controlling Person**

Controlling Person Name: \_\_\_\_\_

Physical Address (if different from Section 1): \_\_\_\_\_

Mailing Address (if different from Section 1): \_\_\_\_\_

Email Address: \_\_\_\_\_

By signing below I acknowledge that the information provided herein is true and correct, and that I understand that submitting false or misleading information to the Appraiser Certification and Licensure Board shall be grounds for disciplinary action.

\_\_\_\_\_  
Signature of Controlling Person

\_\_\_\_\_  
Date