

Appraisal Management Company Application

Individuals Selecting Appraisers or Reviewing Appraisal Reports

Please list any additional shee		no selects an appraiser or re ary. 				
Name:			License # (if any):			
Address:			City:		State:	
Zip:	Ph: NO	Fax:		Email:		
1.	□ Do yo	ou select appraisers? ou review appraisal reports?				
		requirement (all individuals se in six months of registration or				
· ·	proof of comp course provid	pletion by individual (signed der).	and dated comple	tion certificate from A	(QB	
	completion of	USPAP within 6 months of	registration.			
Name:	License # (if any):					
Address:						
City:		State:	Zip:	Ph:		
Fax:		Email:				
YES 1. 2.	•	ou select appraisers? ou review appraisal reports?	,			
		requirement (all individuals se in six months of registration or				
approved	oroof of comp course provi	oletion by individual (signed der).	and dated comple	tion certificate from A	(QB	
Or () Attest to co	ompletion of	JSPAP within 6 months of re	egistration.			
I,appraisers or r Management 0	eview apprai	(Main Control Person) a sal reports on Utah properti	attest that only the es for	individuals listed abo	ove select Appraisal	