KENTUCKY REAL PROPERTY APPRAISERS BOARD

500 Mero Street, 2NE09
Frankfort, KY 40601
(502) 564-4000
ppc.krpab@ky.gov

KRPAB Form 017 - APPRAISAL MANAGEMENT COMPANY NATIONAL REGISTRY FEE REPORTING FORM

NATIONAL REGISTRY FEE REPORTING INFORMATION

Single State AMC:

Does the AMC oversee a panel of more than 15 certified or licensed appraisers in one state within a given year that have been recruited, selected, or retained to perform appraisals in connection with a covered transaction?

☐ **YES** ☐ **NO** **(**If no, STOP. AMC does not qualify)

Multi-State AMC:

Does the AMC oversee a panel of 25 or more certified or licensed appraisers in more than one state within a given year that have been recruited, selected, or retained to perform appraisals in connection with a covered transaction?

☐ **YES** ☐ **NO** (If no, STOP. AMC does not qualify)

Is this a Federally regulated AMC?

☐ **YES** (If yes, proceed directly to AMC Registry Fee Calculation) ☐ **NO**

Does the AMC have an owner, in whole or part, directly or indirectly, that has had an appraiser credential refused, denied, cancelled, surrendered in lieu of revocation, or revoked in any State for substantive cause, as determined by the State, and the credential has not been reinstated?

☐ **YES** ☐ **NO** (If no, STOP. AMC does not qualify)

Does the AMC have a person who owns more than 10% of the AMC who has ever been convicted of, or plead guilty to, or no contest to, any criminal offense in Kentucky or in any other state OR has any pending criminal charges?

☐ **YES** ☐ **NO** (If no, STOP. AMC does not qualify)

AMC REGISTRY FEE CALCULATION

During the Fee Calculation Period, how many appraisers performed appraisals in connection with a covered transaction, as defined in 201 KAR 050:001 Section 1(18), in this State?

Number of Appraisers: _____ Individual Fee: $25 per appraiser

Total Amount Due: $_____

CERTIFICATION – FOR IN-OFFICE USE ONLY

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any omission, inaccuracy, or failure to make full disclosure constitutes grounds for denial or withdrawal of approval of this Appraisal Management Company application.

Signature: _____ Date: _____

Fee Calculation Period:

_____/_____/_____ to _____/_____/_____

OPID:_____ Renewed On: _____

Legacy Key: _____ Reported On: _____