

FEDERALLY REGULATED AMC REPORTING FORM

This form is fillable

GENERAL INSTRUCTIONS

This reporting form must be submitted to KREAB annually. Reporting Years begin October 1 each year and end September 30 of the following year. National Registry Fees are due between August 1 and September 30 of each year.

- Complete entire application. If required information is not provided, application will be considered incomplete and may be returned to you.
- Include check or money order payable to KREAB for calculated national registry fee based on number of AMC appraisers reported x \$25.00.
- Include list of the AMC appraisers who have performed an appraisal for the AMC in connection with a covered transaction in Kansas during the reporting year.
- Direct any questions or concerns to KREAB staff at kreab@ks.gov
- Mail completed reporting form, all supporting documentation and payment for the applicable Registry Fee to:
Kansas Real Estate Appraisal Board, Jayhawk Tower, 700 SW Jackson, Ste 804, Topeka, KS 66603

Appraisal Management Company Info *Provide the AMC details in the fields below.*

1. AMC Name <i>(Legal Name)</i> _____	2. FEIN <i>(Federal Employer Identification Number)</i> _____
3. LIST ALL OTHER TRADE OR BUSINESS NAMES USED IN KANSAS: _____	
4. AMC TYPE <i>(select only one)</i> <div style="margin-left: 20px;"> <p>Single State AMC <i>(oversees a panel of 16 or more AMC appraisers in Kansas within a given year that have been recruited, selected and retained to perform appraisals in connection with a covered transaction.)</i></p> <p>Multi-State AMC <i>(oversees a panel of 25 or more AMC appraisers in two or more States within a given year that have been recruited, selected and retained to perform appraisals in connection with a covered transaction.)</i></p> </div>	
5. BUSINESS ADDRESS <i>(must be a physical business address)</i> <div style="margin-left: 20px;"> <p>_____</p> <p>Street address City State Zipcode</p> </div>	
6. MAILING ADDRESS <i>(if different than business address)</i> <div style="margin-left: 20px;"> <p>_____</p> <p>Street address or PO Box City State Zipcode</p> </div>	
7. BUSINESS PHONE: _____ FAX: _____	
8. EMAIL ADDRESS: _____	
9. STATE OF DOMICILE: _____	

Contact Person *Provide name, title and contact information for the individual who will serve as the main contact for all communication with the Appraisal Board.*

1. NAME: _____			
Last	First	Middle Initial	
2. ADDRESS _____			
Street address or PO Box	City	State	Zipcode
3. PHONE: _____		4. EMAIL ADDRESS: _____	

