

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="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Single State AMC <i>(oversees a panel of 16 or more AMC appraisers in Nebraska within a given year that have been recruited, selected and retained to perform appraisals in connection with a covered transaction.)</i></div> <div style="border: 1px solid black; padding: 2px;">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></div>	
5. BUSINESS ADDRESS <i>(must be a physical business address)</i> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> Street address City State Zipcode </div>	
6. MAILING ADDRESS <i>(if different than business address)</i> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> Street address or PO Box City State Zipcode </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 <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> Street address or PO Box City State Zipcode </div>			
3. PHONE: _____		4. EMAIL ADDRESS: _____	

