

**CERTIFICATION OF EMERGENCY RULES
FILED WITH LEGISLATIVE SERVICES AGENCY
OTHNI LATHRAM, DIRECTOR**

Pursuant to Code of Alabama 1975, §§41-22-5(b) and 41-22-6I(2)a. and b.

I certify that the attached emergency amendment is a correct copy as promulgated and adopted on the 28th day of May, 2020.

AGENCY NAME: Real Estate Appraisers Board

RULE NO. AND TITLE: 780-X-18-.02ER Registration Form

EFFECTIVE DATE OF RULE: July 2, 2020

EXPIRATION DATE (If less than 120 days): N/A

NATURE OF EMERGENCY: To Comply with Appraisal Subcommittee regulations pursuant to the Dodd Frank Amendment to FIRERA.

STATUTORY AUTHORITY: 34-27A-5

SUBJECT OF RULE TO BE ADOPTED ON PERMANENT BASIS YES NO

NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON TO CONTACT FOR COPY OF RULE:

Neva C. Conway
P.O. Box 304355
Montgomery, AL 36130
Neva.conway@reab.alabama.gov
334-242-8747

Lisa Brooks

Lisa Brooks, Executive Director
Signature of officer authorized
to promulgate and adopt rules and
regulations or his or her deputy

FILING DATE
(For APA Use Only)

REC'D & FILED

JUL 02 2020

A-5



STATE OF ALABAMA REAL ESTATE APPRAISERS BOARD
 P.O. Box 304355, Montgomery, AL 36130 / 100 N. Union Street Suite 370, Montgomery, AL
 36104 Phone: (334) 242-8747 / Fax: (334)242-8749 / Web: www.reab.state.at.us

APPLICATION FOR APPRAISAL MANAGEMENT COMPANY REGISTRATION

The application must be TYPED. The application fee is \$3500 plus the ASC National Registry Fee, NON-REFUNDABLE and payable by business, cashier or certified check to the Alabama Real Estate Appraisers Board.

1. Company's Legal Name: _____

2. Name under which Company will do business in Alabama: _____

3. Main Address of Company: _____

Street Address County

City State Zip

Mailing Address City State Zip

Telephone Fax Website

4. Principal Contact: _____

Name Title Email

5. AMC Type (choose one) Single State (panel of more than 15 appraisers)
 Multi-State (panel of 25 or more appraisers in two or more States)

6. If Company is not domiciled in Alabama, name and address for Company's Agent for service of process:

Name Telephone Email

Street Address City State Zip

7. Legal Structure of Company:

Domestic Corporation Foreign Corporation Foreign LLC _____ Partnership*
 Limited Partnership Sole Proprietor _____ Other***

if a general partnership, attach copy of written partnership agreement

**If other type of entity, attach copy of organizational documents

8. Employer Identification Number or Social Security Number: _____
9. Indicate below if you are registered as an Appraisal Management Company in any other state. (Use Continuation Sheet if necessary)

State	Registration No.	From (M/Y)	To (M/Y)
State	Registration No.	From (M/Y)	To (M/Y)
State	Registration No.	From (M/Y)	To (M/Y)

10. Complete Attachment A; the name, address and contact information for all individuals or business entities that own part or all of the Company.

11. CHARACTER

Regarding Professional Licenses

- 1) Has any owner listed in Attachment A of this application, ever had an appraisal license refused, denied, cancelled or revoked by any state? Yes No
- 2) Are there currently any charges pending against any owner listed in Attachment A in connection with an appraiser license in any state? Yes No

If either of the answers are "yes", provide a copy of the licensing agency's order, any other documentation regarding the case and a complete written explanation for each matter.

Regarding Criminal Offenses

- 1) Has any owner listed in Attachment A of this application who owns 10% or more, ever been convicted of or pleaded guilty or no contest to any criminal offense in any state? _____ Yes _____ No
- 2) Are there currently any criminal charges now pending against any owner listed in Attachment A of this application in any state? Yes No

If either of the answers are "yes", provide a copy of the court judgment, arrest warrant or bill of indictment and include a release from probation or parole, if appropriate.

"Criminal offenses" and "criminal charges" include all criminal matters except speeding or parking violations. It does include driving while under the influence of alcohol or drugs. If you believe a charge has been erased or expunged, you must check with the appropriate court before completing this section.

All owners listed in Attachment A must provide a criminal background check obtained from the Alabama Department of Public Safety/Alabama Bureau of Investigations, P.O. Box 1511, Montgomery, AL, 3 61 02-1 511

12. List any other names under which you do business in Alabama.

Name	County
Name	County

13. REPORTING YEAR AND ASC NATIONAL REGISTRY FEE

Beginning Date
of Reporting Year: _____

Ending Date of
Reporting Year: _____

Number of AMC Appraiser who have performed an appraisal for the AMC in connection with a covered transaction in Alabama during the reporting year (Covered transaction means any consumer credit transaction secured by the consumer's principal dwelling)

_____ X \$25.00 = \$ _____

This is your
National
Registry Fee due

National Registry Fee	_____
Alabama Application Fee	<u>\$3,500.00</u>
Total Fee Due	_____

13. CERTIFICATIONS

- 1) I certify that this Appraisal Management Company has a system and process in place that a person being added to the appraiser panel of the Appraisal Management Company holds a license in good standing in this State pursuant to the Article 1, Section 34-27A-1 et. seq. Code of Alabama, 1975.
- 2) I certify that this Appraisal Management Company has a system in place to require that appraisers inform the Appraisal Management Company of areas of geographic competency for each assignment.
- 3) I certify that this Appraisal Management Company has a system in place to review the work of all independent appraisers that are performing real estate appraisal services for the Appraisal Management Company on a periodic basis to validate that the real estate appraisal services are being conducted in accordance with the Uniform Standards of Professional Appraisal Practice Article 1, Section 34.27A-1 et. seq., Code of Alabama, 1975.
- 4) I certify that this Appraisal Management Company has a dispute resolution in process that allows users of the appraisal report to request that the appraiser consider additional property information, provide further detail, substantiation, or explanation for the appraiser's value conclusion, or to correct errors in an appraisal report.
- 5) I certify that this Appraisal Management Company maintains a detailed record of each service request that it receives and the independent appraiser that performs the residential real estate appraisal services for the Appraisal Management Company.

14. ATTACHMENTS

I have attached the following:

- 1) A description of each of the systems in Paragraphs (1), (2), (3) and (4) above.
- 2) Attachment of A, the name, address and contact information for all individuals or business entities that own part or all of the Company.
- 3) Attachment of B, the name, title, address and contact information for all officers and directors.
- 4) A consent to service of process, if applicable.
- 5) A copy of the written partnership agreement, if applicable.
- 6) A copy of the organizational documents, if applicable.
- 7) All required criminal background checks.
- 8) Surety Bond

15. THIS AFFIDAVIT IS TO BE EXECUTED BY APPLICANT BEFORE A NOTARY PUBLIC:

The undersigned, in making the application to the Alabama Real Estate Appraisers Board for registration as an Appraisal Management Company under the provisions of Article 2 of the Alabama Real Estate Appraisers and Appraisal Management Company Act, swears (or affirms) that he (or she) has been designated by the Appraisal Management Company to make this application on their behalf and that all information is provided in connection with this application, including certificates and attachments, is true to the best of his (or her) knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Board.

SIGNATURE OF APPLICANT: _____

Printed Name: _____ Title: _____

Sworn to and subscribed before me this _____ day of _____ 20

(Name of Notary Public, Print)

(Signature of Notary Public)

Commission Expires: _____ State _____

Attachment A
 Name, address and contact information for all individuals or business entities
 that own part or all of the Appraisal Management Company

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Owner Percentage: _____			

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Owner Percentage _____			

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Owner Percentage: _____			

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Owner Percentage: _____			

Attachment B
Name, address and contact information for all officers and directors

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Position: _____			

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Position: _____			

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Position: _____			

Name			
Street Address	City	State	Zip
Telephone	Fax	Email	
Position: _____			