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APPRAISAL MANAGEMENT COMPANY REGISTRATION INSTRUCTIONS PLEASE READ CAREFULLY

	FEE: Attach a check or certified funds made payable to the Nevada Real Estate Divis for \$2515.00, plus the fee calculated for the AMC National Registry on page 2.	sion in the	amount
	REVIEW PROCEDURES: Attach your written procedure which sets forth the compreview the work of each independent contractor who provides services to your compallocated in the State of Nevada to ensure those services are conducted in accordance we required review must be completed by a person who is a licensed or certified appraise Nevada.	iny for pro ith USPA	perty P. The
	FEE SCHEDULE: A fee schedule is a list of the various real estate appraisal service appraisal management company from independent contractors and the amount the contractor of each service listed. Attach a copy of the appraiser fee schedule.	-	•
appra	the AMC have an owner, in whole or part, directly or indirectly, that has had an aiser credential refused, denied, cancelled, surrendered in lieu of revocation, or ted in any State for substantive cause and the credential has not been reinstated?	Yes	□No
conv	the AMC have a person who owns more than 10% of the AMC who has been icted of, or entered a plea of nolo contendere to, a felony relating to the practice of isal or any crime involving fraud, misrepresentation or moral turpitude?	Yes	□ No

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NATIONAL REGISTRY INFORMATION COLLECTION FOR NEW AND RENEWAL APPLICATIONS

A.	SINGLE STATE AMC – Answer the following			
	Does your AMC oversee a panel of 16 or more certified or licensed appraisers in one state within the year			
	immediately preceding this application, that have been recruited, selected, and retained to perform appraisals in			
	connection with a covered transaction?			
B.	MULTI-STATE AMC – Answer the following			
	Does your AMC oversee a panel of 25 or more certified or licensed appraisers in more than one state within the year			
	immediately preceding this application, that have been recruited, selected, and retained to perform appraisals in			
	connection with a covered transaction? \square Yes \square No			
	If "No," to A and B above, AMC does not qualify, go to section E.			
C.	. Is this AMC owned and controlled by an insured depository institution regulated by the OCC, the Federal Reserve, of the FDIC (Federally Regulated)?			
D.	AMC REGISTRY FEE CALCULATION – Answer the following			
	During the preceding 12-month time frame, that ends on the first day of the month prior to the month that your AMC			
	registration expires, how many appraisers performed appraisals in connection with a covered transaction in the State			
	of Nevada?			
	Fee Calculation period to ,(12-month period) during the fee calculation			
	period, how many appraisers performed appraisals in connection with a covered transaction?			
	X \$25.00 = (total amount due)			
	EXAMPLE OF TIME FRAME FOR REPORTING: If License renewal is due February 15, 2020, the time frame for reporting to the National Registry for a renewal in February 2020, would be from January 1, 2019 to December 31, 2019. AMC has the month prior to renewal to collect preceding years data.			
	Covered transactions are any appraisals that were performed for consumer credit transactions secured by the consumer's principal dwelling unit.			
E.	CERTIFICATION			
	You must maintain the yearly registration of your Nevada AMC license. Your registration will be closed if it is not renewed before the expiration date. If you do not renew the AMC registration, you may no longer provide services in the State of Nevada.			

Revised 11/28/2022 Page **2** of **7** Form 571

ADDITIONAL FORMS: Forms 571A and 571B

571A: Individual Application Form **571B:** AMC Branch Office Application

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AMC National Registry Calculation Cheat Sheet

Renewal Month	Start Date	End Date
February 2021	1/1/2020	12/31/2020
March 2021	2/1/2020	1/31/2021
April 2021	3/1/2020	2/29/2021
May 2021	4/1/2020	3/31/2021
June 2021	5/1/2020	4/30/2021
July 2021	6/1/2020	5/31/2021
August 2021	7/1/2020	6/30/2021
September 2021	8/1/2020	7/31/2021
October 2021	9/1/2020	8/31/2021
November 2021	10/1/2020	9/30/2021
December 2021	11/1/2020	10/31/2021

This gives AMCs the month prior to the renewal month to collect all the data to be submitted to the Division, by the assigned renewal date to be entered on the National Registry.

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APPRAISAL MANAGEMENT COMPANY REGISTRATION FORM

Fee: Please make check, money order, or cashier's check payable to NRED for \$2515.00.

1.	COMPANY NAME:			FID (Required):	
	Main location addres	s:			
	Mailing address (if di	fferent from location ad	ldress):		
	Phone Number:	Fax Number:	Emai	l Address:	
		ural person, also complete as a Principal, General Pa s well.			
2.		Any office other than a pri List branch offices below No branch offices			
	a. Address:				
	City:		State:		Zip Code:
	b. Address:				
	City:		State:		Zip Code:
	c. Address:				
	City:		State:		Zip Code:
3.	~	OYEE: A Principal, Gener ct on behalf of the compar		icer, Trustee, Manager	or Registered Agent
	Name:		Title:		
	Business Address:				
	City:		State:		Zip Code:
	Division Use Only:	Registered # AMC	Issued Date:	Process	or Initials:
		Date:	Receipt Num	ber: Process	or Initials:

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4.					
	the judgement or order and a written statement explaining the circumstances surrounding the legal issue(s).				
	a. Yes	No Has the A	AMC ever had any judgments	entered against the company?	
	b. Yes No Has a receiver been appointed to take control of any assets of the AMC?				
	c. Yes	company		e to verify that each appraiser providing your in the State of Nevada holds a current and active Nevada? Attach process.	
	d. Yes	appraiser	review the work provided by	ce to have a Nevada licensed or certified the contracted appraiser that ensures the real formed in compliance with USPAP?	
		Appraise	er's Name:		
	e. Yes		AMC maintain a detailed recor who fulfilled the request?	ord of each appraisal service request and the	
	DECLARATION: Signature of Applicant (NRS 53.045)				
5.	DECLARAT	ION: Signature of A	Applicant (NKS 55.045)		
5.	I, (print name answers conta herein, will fa) ined in this application ithfully comply with	her on are true and correct; and th	reby, under penalty of perjury, declare that the nat the Appraisal Management Company named as of the State of Nevada pertaining to the conduct of regulations NRS/NAC 645C.	
5.	I, (print name answers conta herein, will fa) ined in this application ithfully comply with	her on are true and correct; and th all the statutes and regulation	at the Appraisal Management Company named as of the State of Nevada pertaining to the conduct of	
5. 6.	I, (print name answers conta herein, will fa Appraisals in Signature: List any pers Principal, Ge	ined in this application ithfully comply with accordance with the son who will have at	her on are true and correct; and th all the statutes and regulation State of Nevada statutes and r Position: least a 10% ownership inter ctor, Officer or Trustee. Eac	hat the Appraisal Management Company named as of the State of Nevada pertaining to the conduct of regulations NRS/NAC 645C.	
5.	I, (print name answers conta herein, will fa Appraisals in Signature: List any pers Principal, Ge	on who will have at	her on are true and correct; and th all the statutes and regulation State of Nevada statutes and r Position: least a 10% ownership inter ctor, Officer or Trustee. Eac	nat the Appraisal Management Company named as of the State of Nevada pertaining to the conduct of regulations NRS/NAC 645C. Date:	
6.	I, (print name answers conta herein, will fa Appraisals in Signature: List any pers Principal, Ge 571A. Attach	on who will have at	her on are true and correct; and th all the statutes and regulation State of Nevada statutes and r Position: least a 10% ownership inter ctor, Officer or Trustee. Each if needed.	nat the Appraisal Management Company named as of the State of Nevada pertaining to the conduct of regulations NRS/NAC 645C. Date: rest in this AMC including, but not limited to ch individual listed here must complete Form	
6.	I, (print name answers conta herein, will fa Appraisals in Signature: List any pers Principal, Ge 571A. Attach a. Name:	on who will have at	her on are true and correct; and th all the statutes and regulation State of Nevada statutes and r Position: least a 10% ownership inter ctor, Officer or Trustee. Eac if needed. Title:	nat the Appraisal Management Company named as of the State of Nevada pertaining to the conduct of regulations NRS/NAC 645C. Date: rest in this AMC including, but not limited to ch individual listed here must complete Form Position:	
5.	I, (print name answers conta herein, will fa Appraisals in Signature: List any pers Principal, Ge 571A. Attach a. Name: b. Name:	on who will have at	her on are true and correct; and th all the statutes and regulation State of Nevada statutes and r Position: least a 10% ownership inter ctor, Officer or Trustee. Eac if needed. Title: Title:	nat the Appraisal Management Company named as of the State of Nevada pertaining to the conduct of regulations NRS/NAC 645C. Date: rest in this AMC including, but not limited to ch individual listed here must complete Form Position: Position:	

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CONSENT TO SERVICE OF PROCESS (NRS 645.495)

Registrants \ complete this form. \

Company Name:

DECLARATION: Signature of applicant (NRS 53.045)

Declarant, hereinafter referred to as "Applicant," hereby irrevocably constitutes and appoints the Administrator of the Division of Real Estate, Department of Business & Industry, State of Nevada or his/her successor in office, to be his/her true and lawful agent within this state, upon whom all legal process in any suit, action or proceeding arising under, or in any way connected with any provisions of Chapters 645, 645C, 645D, 119, 119A, 119B, 116, and 40 of Nevada Revised Statutes, or any rule or order pursuant thereto, or based upon any fraud, deceit, breach of contract or other thing connected with the sale or offer for sale, negotiation or appraisal of any real estate, timeshare or campground membership, may be served upon said applicant, personally within the State of Nevada. Pursuant to NRS 645C.367 and NRS 645C.660, until the applicant attests by affidavit or declaration to the Administrator that he/she is a bona fide resident of the State of Nevada, this appointment and the authority of said attorney shall continue in force and effect so long as any such liability remains outstanding, and a copy of any process served hereunder may be sent by certified mail, return receipt requested, addressed to:

Company Address:		
	Signature of I	Person Representing the AMCs application to the notary
STATE OF:	} SS	
COUNTY OF:		
This instrument was acknown ame of the person signing to	, ,	, in the possession of signer, (notary prints the
Seal		Notary Signature

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REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE Pursuant to NRS 645C

All applicants MUST complete this section. Please select ONE option.

	I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.
	My Nevada business license number is:
	I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.
	I do NOT have a Nevada business license number.
The R	eal Estate Division is not the arbiter of determining whether the applicant needs a business license.
Inform	nation about the Nevada business license can be found on the Secretary of State's website at:
http://i	<u>nvsos.gov/</u> .