



**IOWA DIVISION OF BANKING
AMC Maintenance Form**

The AMC Maintenance Form is to be completed by the controlling person whenever any of the following takes place:

1. Change to principal address.
2. Change to bond service provider.
3. Change to registered name.
4. Change to registered agent.
5. Change in controlling person.
6. Change in ownership of over 10% directly or indirectly.
7. Significant event (discipline in another state, bankruptcy, action against owner or controlling person, criminal charges filed, unexpected change of owner or controlling person, other.
8. Surrender registration

**** ALL FORMS ARE COMPLETED ELECTRONICALLY THROUGH DATAPRO – THIS FORM IS FOR INSTRUCTIONAL PURPOSES ONLY****

1. INSTRUCTIONS – AMC Maintenance Form

1.1 By signing and submitting this form, the requestor certifies that they have the authority to request changes to the appraisal management company's (AMC) official registration.

NOTE:

Fees For This Application:

- \$25: Change of Principal Location
- \$25: Change Of Name
- \$150: Change Of Ownership
- \$150: Change Of Controlling Person

Supporting Documents (If applicable):

- New or Updated [Surety Bond Form](#)
- Certificate of Authority (Secretary of State)
- Supporting documentation that authorizes the use of a fictitious or trade name (If applicable)
- Attached copy of the action taken by the state, jurisdiction, court, or entity

***required**

I have read and understand these instructions

2. Updated Address/Principal Location

2.1 Do you need to change the AMC's Principal Location?

***required**

No Yes

Business Street

***required**



Business City
***required**

Business State
***required**
Picklist
(50 States)

Business Zip
***required**

Business Phone

Business Fax

Business Email

Business Website

Please include any additional addresses below that you wish to provide, e.g. Physical, Mailing, Other

TYPE	STREET	CITY	STATE	COUNTY	COUNTRY	POSTAL CODE	DESCRIPTION
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ADD RECORD

3. Updated Name

3.1 Do you need to change the AMC's Name or DBA Name?
***required**

No Yes

You are *ONLY* allowed to change your legal name if your Federal I.D. # for the firm or SSN tied to the firm's registration *IS NOT CHANGING*. IF there is a new Federal I.D #/SSN for your AMC, you will need

to complete a brand new registration.

*required

I have read and understand these instructions

3.2 Legal Name (Sole Proprietor use Last, First, Middle)

*required

3.3 DBA Name (Name Under Which Business Will Be Conducted)

4. Surety Bond Change

4.1 Do you need to change/submit a new [surety bond form](#)?

*required

No

Yes

5. Change of Registered Agent

5.1 Do you need to change the AMC's Registered Agent?

*required

No

Yes

5.1

RESIDENT/REGISTERED AGENT INFORMATION

NOTE:

- If the resident/registered agent is a company rather than an individual put the words "registered agent" in the agent title box.

- You can only add one (1) Registered Agent.

*required

Add Record

(Entity Type: Company/Individual; First Name; Middle Name; Last Name; Company Name; Title; Street Address; City; State; Zip; Phone Number; Email)

6. Significant Event

6.1 BANKRUPTCY/REORGANIZATION FILING

Event Occurred

Short Description of Incident

*required

6.2 ADMINISTRATIVE ACTION TAKEN AGAINST AMC BY ANOTHER JURISDICTION (Denial/Revocation/Suspension Etc.)

Event Occurred

Short Description of Incident

**required*

Long text input

6.3 ADMINISTRATIVE ACTION TAKEN AGAINST AMC OWNER OR CONTROLLING PERSON (Denial/Revocation/Suspension Etc.)

Event Occurred

Short Description of Incident

**required*

Long text input

6.4 CRIMINAL CHARGES FILED AGAINST AMC OR OWNER OR CONTROLLING PERSON

Event Occurred

Short Description of Incident

**required*

Long text input

6.5 UNEXPECTED CHANGE OF OWNER (Death, Resignation, Etc.)

Event Occurred

OWNERSHIP

You must provide all of the following information for any individual or entity that owns more than 10% of the AMC. Each individual owner listed (Not a company) must complete and attach a signed controlling person form.

***If you are attaching a scanned copy of the completed controlling person form OR a controlling person*

form has already been submitted by the individual, please mark "Do Not Send Email Request" when adding the individual so we do not request the form again.

Add Record

Entity Type (Individual/Company) First Name Middle Name Last Name Company Name Date of Birth % Of Ownership Phone Email

Short Description of Incident

**required*

6.6 UNEXPECTED CHANGE OF CONTROLLING PERSON (Death, Resignation, Etc.)

Event Occurred

DESIGNATED CONTROLLING PERSON

The applicant shall designate a controlling person who shall be the main contact for all communications between the administrator and the AMC, and who shall be responsible for assuring the AMC complies with the provision of Iowa Code chapter 543E and all other state and federal laws and regulations. The designated controlling person will be required to complete and controlling person form. This individual will be notified via the email address provided.

NOTE:

- *You can only add one (1) Designated Controlling Person*
- *If you are attaching a scanned copy of the completed controlling person form OR a controlling person form has already been submitted by the individual, please mark "Do Not Send Email Request" when adding the individual so we do not request the form again.*

Add Record

Short Description of Incident

**required*

6.7 OTHER EVENT

Event Occurred

Please specify the Other Event

***required**

Short Description of Incident

***required**

7. Surrender Registration

7.1 Do you need to surrender the registration of the AMC?

***required**

No Yes

Reason

***required**

Effective Date of Surrender

***required**

Date in month/day/year format

Address Where AMC Records Will Be Maintained

Please provide Street, Suite, City, State, and Zip

***required**

Custodian Name

***required**

Custodian Phone

***required**

Custodian Email

***required**

8. Verification & Signature

8.1 Applicant Agrees as Follows:

I hereby affirm that the information provided by me is true and correct. By signing and submitting this form, the requestor certifies that they have the authority to request changes to the appraisal management company's (AMC) official registration.

***required**

I Agree

8.2 Please type your full name.

***required**