WASHINGTON STATE DEPARTMENT OF LICENSING

Appraisal Management Company Renewal Affidavit

[redacted]

27030-SUPPORTING

Renew an Appraisal Management Company license.

Online: https://professions.dol.wa.gov

Or mail this completed form, all required documents, and a check or money order for fees (payable to Department of Licensing) to:

Appraisal Management Company Program
Department of Licensing
PO Box 3917
Seattle, WA 98124-3917

For questions or language help call: 360-664-6504

Fees

Include with your application:

- Non-refundable renewal fee–**$600**
- Late fee–**$38** if your AMC license has expired
- AMC National Registry fee, if eligible to be on registry

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a $5 print fee for each copy to your payment.

☐ $0 self-print license online.

☐ $5 each. DOL print and mail license. Quantity _____ Total $ _____

Required documents

- Copy of proof of an active $100,000 surety bond
- AMC Appraisal Subcommittee National Registry of AMCs Eligibility Registration form (whether eligible or not)

Applicant

PRINT or TYPE Company name	License number

Legal background

Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit? . . . . . ☐ Yes ☐ No
2. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) . . . . . ☐ Yes ☐ No

If your address or phone number has changed, please provide your updated information.

10-digit phone number	Email

New physical address *(Street address, City, State, ZIP code)*

New mailing address, if different *(Address, City, State, ZIP code)*

continued on next page

Certification

Answer the questions below

1. Have you read and understood, and will you comply with the applicable rules and regulations (RCW 18.310 and WAC 308-409), and do you understand the penalties for misconduct? . . . . . ☐ Yes ☐ No
2. Do you understand that your license may be denied, suspended, or revoked if you provide false information on this renewal affidavit? . . . . . ☐ Yes ☐ No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT Name of designated controlling person

Date and place

X
Signature of designated controlling person

Providing any false information in this application may be cause for denial, suspension, or revocation of your business or professional license in the State of Washington.