

**IDAHO REAL ESTATE APPRAISER BOARD**  
Division of Occupational and Professional Licenses  
11351 W. Chinden Blvd., Building #6 Boise ID 83714 or  
P.O. Box 83720, Boise ID 83720-0063  
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>  
E-mail: [rea@dopl.idaho.gov](mailto:rea@dopl.idaho.gov)

**INSTRUCTIONS FOR FEDERALLY REGULATED  
APPRAISAL MANAGEMENT COMPANY APPLICATION**

**Application Checklist for a Federally Regulated Appraisal Management Company:**

- \_\_\_\_ Complete and sign the application. Your signature must be notarized and the original notarized application mailed to the address listed above. Processing will be delayed for applications that are incomplete or do not include a Social Security number or other documentation required under Idaho Code § 73-122. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.**
- \_\_\_\_ Enclose the application fee of \$50.00 and the National Registry Fee (Question 11). Please make checks and money orders payable to DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid. FEES ARE NOT REFUNDABLE.

**Other Instructions:**

- All applicants must review the Idaho Laws and Rules prior to licensure. Please note that according to Idaho Code §§ 54-4122, 54-4124, and 54-4133, you must be registered to engage in appraisal management services or advertise as an Appraisal Management Company in Idaho. The Appraisal Management Company Laws and Rules can be viewed at <https://dopl.idaho.gov> under the Real Estate Appraisers link.
- Please be sure to keep a copy of this application for your records.

**Federal Definition of Appraisal Management Company:**

Title XI as amended by the Dodd-Frank Act defines “appraisal management company” to mean, in part, an external third party that oversees a network or panel of more than 15 appraisers (State certified or licensed) in a State, or 25 or more appraisers nationally (two or more States) within a given year. (ASC Policy Statement 8, Footnote 98)

**Federal Definition of Federally Regulated Appraisal Management Company:**

*Federally regulated AMC* means an AMC that is owned and controlled by an insured depository institution, as defined in 12 U.S.C. 1813 and regulated by the Office of the Comptroller of the Currency, the Board of Governors of the Federal Reserve System, or the Federal Deposit Insurance Corporation. (FDIC § 323.9(k))

**ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES**

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

**Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.**

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**APPLICATION FOR FEDERALLY REGULATED APPRAISAL MANAGEMENT COMPANY**

The designated controlling person’s signature must be notarized, and the \$50.00 application National Registry fees must be attached. Submit the completed form to the address noted above. All requested information must be provided, and all questions must be answered for the application to be considered. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122.

I hereby make application for registration as an Appraisal Management Company in Idaho under the provisions of Title 54, Chapter 41, Idaho Code (“Act”):

**Single State**       **Multi-State**

**1. Full Legal Business Name** \_\_\_\_\_

**2. Address of Record** \_\_\_\_\_  
(This address is a public record.)    Street/PO Box    City    State    Zip

**3. Mailing Address** \_\_\_\_\_  
(This will be used as address of record if none provided above.)          Street/PO Box    City    State    Zip

**4. Employer Tax Identification Number (EIN):** \_\_\_\_\_

**5. Business Phone** \_\_\_\_\_ **Other Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_  
(This number is public a record.)    (This number & e-mail are not public record.)          (This is not a public record; required by I.C. § 67-2609.)

**6. Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?**  **Yes**       **No**  
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.)

**7. Does this business meet the federal definition of an Appraisal Management Company?**  **Yes**       **No**

**8. Total Number of Panel Appraisers (Nationally)** \_\_\_\_\_

**9. Total Number of Idaho Appraisers** \_\_\_\_\_

**10. Has the AMC been operating in Idaho for more than one year?**  **Yes**       **No**

**11. Total Number of Idaho Licensed Appraisers Used in a Covered Transaction in the Previous Calendar Year (January 1-December 31)** \_\_\_\_\_ (This number multiplied by \$25.00 is your National Registry Fee)

-Continued-

**AFFIDAVIT**

Upon oath I certify that: (1) I am the designated controlling person pursuant to Idaho Code § 54-4126 of the applicant Appraisal Management Company and am the authorized representative of the applicant and its owners/representatives and am authorized to make this application on behalf of the applicant and to bind the applicant and its owners/controlling persons/representatives to every response and commitment made herein; (2) Use in this application and affidavit of "I" or "my" or "me" shall, as the usage may require, refer to the applicant, its owners/controlling persons/representatives and to myself, and that: (3) The responses and information provided in this application and in the accompanying addendum(s) and documentation are true and correct to the best of my knowledge; (4) This application is signed on behalf of the applicant; (5) I have read and will conform to the Laws, Rules and ethical requirements governing the license or authority applied for or granted pursuant to this application; (6) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws, Rules or ethical requirements governing Appraisal Management Companies or the profession of Real Estate Appraisal shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted pursuant to this application; (7) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate, incomplete or misleading; (8) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on the eligibility for or maintenance of the license or authority applied for or granted pursuant to this application and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; (9) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority applied for or granted pursuant to this application in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof; and (10) Every statement made and all information presented in this application and any addendum or other attachment submitted herewith is true and correct.

\_\_\_\_\_  
Signature of Authorized Signatory

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public Official Signature  
My Commission Expires \_\_\_\_\_