



State Board of Appraisers, Abstracters, and Home Inspectors
900 West Capitol Avenue, Suite 400
Little Rock, AR 72201
www.labor.arkansas.gov
501-296-1843

FOR BOARD USE ONLY
FORM AMC-501
AMC Renewal

ASC Ck/By _____
SOS Ck/By _____
Documents Mailed/By _____

Pymt Type	Ck Date	Ck #	Amt	Processed Date/By
DO NOT WRITE ABOVE THIS LINE				

ARKANSAS APPRAISAL MANAGEMENT COMPANY RENEWAL FORM

THIS IS YOUR OFFICIAL NOTICE TO RENEW. IT IS THE ONLY ONE YOU WILL RECEIVE.

Registrant Information:

AMC Name: _____

Registration # AMR-_____ Registration Expiration: _____

Mailing Address: _____

Physical Address (if different): _____

Email: _____ Phone: _____

1. Name, address, and registered agent must match what's on file with the AR Secretary of State (please go to Arkansas Secretary of State to verify before applying).

If *any* information has changed regarding registrant's address, controlling person/managing principal, or the agent of record, please use the change forms that can be found on our website (www.labor.arkansas.gov) to report changes that have occurred and submit with this renewal form. You'll need to update AR SOS separately.

2. A renewal fee of \$500, payable by check or money order to State Board of Appraisers, Abstracters, and Home Inspectors, must be submitted with this application.

Failure to renew prior to the expiration date will result in the loss of authority to operate as an AMC in Arkansas. Renewal applications submitted after the expiration date of your current registration must be accompanied by a delinquency fee of \$50 per month or partial month, in addition to the renewal fee.

NOTE: If you are not planning to renew, please notify the Board office on or before the expiration date.

3. A Certificate of Bond Continuation must be submitted with this application.

Pursuant to Section IV(B) of the Rules and Regulations, the surety bond in the amount of \$20,000 must continue to be in effect. If your bond's "face amount" has been reduced for cause, please note the amount required for the bond's restoration to full value: \$_____.

4. A description of any legal or regulatory actions in the last year must be submitted with this application.

If any legal or regulatory actions, investigations or administrative proceedings have been initiated against the Registrant or the managing principal by other states or any federal agency in the last 12 months, you must attach a full description of each item and copies of relevant documents to this form.

AMC NAME: _____

The undersigned is duly charged to represent the above-named Registrant and certifies that the renewal information and supporting documents are, to the best of his/her knowledge, true and accurate in detail.

Witness the hand and seal of the undersigned at (city, state) _____

This ____ day of (month) _____, 20____.

Signature

(Notary Public Signature)

State of: _____

County of: _____

My Commission expires: _____

**In order to process your renewal, this form must be returned
with the renewal fee(s) and Certificate of Bond Continuation.**

***** If changes have been made, also submit Forms AMC-502, 503, 504, 505, and 506, as needed. *****
(these forms can be found on our website: www.labor.arkansas.gov)