

**State of Florida**  
**Department of Business and Professional Regulation**  
**Florida Real Estate Appraisal Board**  
**Federally Regulated Appraisal Management Company –**  
**National Registry Annual Report and Notification Form**  
**Form # DBPR FREAB 6**

All AMCs operating in Florida are required to keep their business registration information current with the Department of State, Division of Corporations. This form must be used only for submitting the AMC's Annual Report.

A completed form shall be submitted annually, including years when no fee is to be paid. An AMC who does not timely submit an Annual Report and/or the AMC National Registry Fees shall not appear on the AMC National Registry as operating in Florida.

**Section I - AMC Name and Company Contact Information**

CONTACT INFORMATION		
Contact Person Name:		
		Phone Number: (     )     -
Email Address:		
AMC INFORMATION		
Appraisal Management Company Name		Employer Identification Number (EIN)
Doing Business As (D.B.A.)		
Business Location Address		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	

**Section II – Annual Report Determination Questions**

CHECK YOUR AMC TYPE
<p>Appraisal Management Company (AMC) as defined by Section 475.611(1)(c), Florida Statutes, means a person who, within a 12-month period, oversees an appraiser panel of more than 15 state-certified or state-licensed appraisers in a state, or 25 or more state-certified or state-licensed appraisers in two or more states.</p> <p>Please select how your AMC qualifies under this law:</p> <p><input type="checkbox"/> Has more than 15 panel members in Florida (State/FL)</p> <p><input type="checkbox"/> Has 25 or more panel members in two or more states. (Multi State/Non-FL)</p>

**Section IV – Annual Report Fee Calculations****FEE CALCULATION FOR THIS REPORTING PERIOD**

Number of Florida appraisers (Florida licensed, certified, and registered temporary practice permit) in the AMC panel who completed an appraisal for a covered transaction during this reporting period \_\_\_\_\_ X \$25.00 = Total AMC National Registry Fee of \$ \_\_\_\_\_

Please mail the completed form and required fee(s) to:  
Department of Business and Professional Regulation  
Attention: Revenue Unit  
2601 Blair Stone Road  
Tallahassee, FL 32399-0790