STATEMENT OF MATERIAL INCORPORATED BY REFERENCE
201 KAR 050:170E

"Initial and Renewal Application for Appraisal Management Company Registration," KRPAB Form 016, July 2026, is a 4-page form for current and prospective appraisal management companies to register with the board.

"Appraisal Management Company National Registry Fee Reporting Form," KRPAB Form 017, July 2026, is a 2-page form for calculating and paying the appropriate fees to the national registry.

KENTUCKY REAL PROPERTY APPRAISERS BOARD

500 Mero Street, 2NE09
Frankfort, KY 40601
(502) 564-4000
ppc.krpab@ky.gov

KRPAB Form 016 - INITIAL AND RENEWAL APPLICATION FOR APPRAISAL MANAGEMENT COMPANY REGISTRATION

The initial application fee is $200 and the initial licensing fee is $2,500; payable by card, check, or money order, endorsed to the Kentucky Real Property Appraisers Board. Please be advised that a $400 recovery fund fee may apply in certain instances — contact office staff for details.

COMPANY INFORMATION

Company's Legal Name: _____

DBA in Kentucky: _____ KY License Number: _____

Business Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Fax Number: _____ Employer Identification Number: _____

KY Secretary of State ID Number: _____

Name of Agent for Service of Process: _____

Agent for Service of Process Email: _____

Application Contact Person: _____

Application Contact Person Email: _____

Name(s) of owners, directors, officers, etc:	**Title(s):**	**% of Ownership:**

INDIVIDUAL PROFESSIONAL LICENSES & CRIMINAL OFFENSES

Has any owner, employee, director, officer, or agent of the AMC in whole or part, directly or indirectly, had an appraiser credential refused, denied, cancelled, surrendered in lieu of revocation, or revoked in any State? **YES** **NO**

Are there currently any allegations pending against any owner, employee, director, officer or agent of the AMC in connection with an appraiser license in Kentucky or any other state? **YES** **NO**

Has any owner, employee, director, officer, or agent of the AMC ever been convicted of, or plead guilty to, or no contest to, any criminal offense in Kentucky or in any other state? **YES** **NO**

Are there currently any criminal charges now pending against any owner, employee, director, officer or agent of the AMC in Kentucky or in any other state? **YES** **NO**

If any of the answers above are "yes", provide a copy of the relevant documentation including but not limited to the state agency action, the court judgment, arrest warrant or bill of indictment, and/or any releases from probation or parole.

DESIGNATION OF CONTROLLING PERSON

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

List all states and license numbers in which you hold a credential:

_____

CONTROLLING PERSON PROFESSIONAL LICENSES & CRIMINAL OFFENSES

Have you ever had any disciplinary action taken against your appraiser certificate in Kentucky or any other state? **YES** **NO**

Are there currently any charges pending against you in connection with your appraiser certificate in KY or any other state? **YES** **NO**

Have you ever been convicted of a felony? **YES** **NO**

Within the past 10 years, have you been convicted of a misdemeanor? **YES** **NO**

Are there currently any criminal charges pending against you in Kentucky or another state? **YES** **NO**

Have you ever been known by any other names? **YES** **NO**

(List other names here): _____

If any of the answers above are "yes", provide a copy of the relevant documentation including but not limited to the state agency action, the court judgment, arrest warrant or bill of indictment, and/or any releases from probation or parole.

CONTROLLING PERSON CERTIFICATION

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any omission, inaccuracy, or failure to make full disclosure constitutes grounds for denial or withdrawal of approval of my designation of Controlling Person.

Signature: _____ Date: _____

CONSENT TO SERVICE OF PROCESS AND PLEADINGS

Know all men by these presents: Pursuant to the requirements of KRS 324A.150 through 164, the undersigned applicant for registration as an appraisal management company in Kentucky.

Name of Company: _____ does hereby irrevocably consent, stipulate, and agree that suits, actions, and administrative proceedings, may be commenced against such applicant in the courts and agencies of this Commonwealth, by the service of any process or pleading authorized by the laws of this Commonwealth on the Executive Director of the Kentucky Real Property Appraisers Board, and that service of such process or pleadings upon said Executive Director shall be taken and held in all courts to be as valid and binding as if the service had been made upon said applicant in the Commonwealth of Kentucky.

_____ _____

Print Name Title

_____ _____

Signature Date

State of _____ County of _____

Before me personally appeared, the above-named individual who acknowledged the execution of the foregoing instrument for the purpose set forth therein.

WITNESS my hand and official seal, this _____ day of _____, 20_____.

_____

Notary Public

(Seal) County _____ State _____

My Commission Expires:_____

AFFIDAVIT

The undersigned, in making this application to the Kentucky Real Property Appraisers Board for registration as an Appraisal Management Company under the provisions of KRS 324A.152 swears (or affirms) that he (or she) has been designated by the Appraisal Management Company to make this application on their behalf, and that all information provided in connection with this application, including certifications and attachments, is true to the best of his (or her) knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosures may be deemed sufficient reason to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Board.

_____ _____

Print Name Title

_____ _____

Signature Date

Sworn and subscribed to before me this _____ day of _____, 20_____.

_____

Notary Public

(Seal) County _____ State_____

My Commission Expires:_____

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KRPAB Form 017 - APPRAISAL MANAGEMENT COMPANY NATIONAL REGISTRY FEE REPORTING FORM

NATIONAL REGISTRY FEE REPORTING INFORMATION

Single State AMC:

Does the AMC oversee a panel of more than 15 certified or licensed appraisers in one state within a given year that have been recruited, selected, or retained to perform appraisals in connection with a covered transaction?

YES **NO** (If no, STOP. AMC does not qualify)

Multi-State AMC:

Does the AMC oversee a panel of 25 or more certified or licensed appraisers in more than one state within a given year that have been recruited, selected, or retained to perform appraisals in connection with a covered transaction?

YES **NO** (If no, STOP. AMC does not qualify)

Is this a Federally regulated AMC?

YES (If yes, proceed directly to AMC Registry Fee Calculation) **NO**

Does the AMC have an owner, in whole or part, directly or indirectly, that has had an appraiser credential refused, denied, cancelled, surrendered in lieu of revocation, or revoked in any State for substantive cause, as determined by the State, and the credential has not been reinstated?

YES **NO** (If no, STOP. AMC does not qualify)

Does the AMC have a person who owns more than 10% of the AMC who has ever been convicted of, or plead guilty to, or no contest to, any criminal offense in Kentucky or in any other state OR has any pending criminal charges?

YES **NO** (If no, STOP. AMC does not qualify)

AMC REGISTRY FEE CALCULATION

During the Fee Calculation Period, how many appraisers performed appraisals in connection with a covered transaction, as defined in 201 KAR 050:001 Section 1(18), in this State?

Number of Appraisers: _____ Individual Fee: $25 per appraiser

Total Amount Due: $_____

CERTIFICATION – FOR IN-OFFICE USE ONLY

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any omission, inaccuracy, or failure to make full disclosure constitutes grounds for denial or withdrawal of approval of this Appraisal Management Company application.

Signature: _____ Date: _____

Fee Calculation Period:

_____/_____/_____ to _____/_____/_____

OPID:_____ Renewed On: _____

Legacy Key: _____ Reported On: _____