



**State of Maine**  
**Department of Professional & Financial Regulation**  
**Office of Professional & Occupational Regulation**  
**Board of Real Estate Appraisers**  
**Federally Regulated Appraisal Management Company**

**Section 1: Appraiser Management Company Information**

Legal Name of Company:

Doing Business as Name:

Principal Business Address:

City:

State:

Zip Code:

Principle Business Phone:

Federal Tax ID:

**Section 2: Contact Person Information**

First Name:

Middle Initial:

Last Name:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Email Address:

Is this federally regulated AMC in whole or part, directly or indirectly, owned by a person that has had a license or certificate to act as an appraiser refused, denied, cancelled, revoked or surrendered in lieu of discipline in any state?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

For any court or case-related material, please provide the name of the court or adjudicatory body and the case number. Materials or explanations may include but are not limited to the following: adjudication orders, investigation notices and credential denial notices issued by an agency; or final judgement entries.

**Maine Board of Real Estate Appraisers**  
**35 State House Station, Augusta, ME 04333**  
**(207) 624-8522**

**Section 3: National Registry Fee**

1. Does this Appraisal Management Company oversee an appraiser panel of 16 or more certified appraisers in only one state (Maine) engaged or contracted to perform appraisals in connection with covered transactions?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
2. Does this Appraisal Management Company oversee an appraiser panel of 25 or more certified or licensed appraisers in more than one state engaged or contracted to perform appraisals in connection with covered transactions?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
3. In the reporting period between July 1 to June 30 of the previous year (a 365-day period), how many appraisers on your panel (Maine) performed appraisals for a covered transaction (in Maine)? \_\_\_\_\_

**Calculation Instructions**

Step 1: If #1 above is 16 or more, OR #2 above is 25 or more, continue to step 2. If #1 above is less than 16 and #2 above is less than 25, enter 0 in the Registry formula below in Step 3.

Step 2: Enter the number from #3 above into the Registry formula below and multiple by \$25.00.

National Registry Fee \_\_\_\_\_ X \$25.00 = \_\_\_\_\_

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional & Occupational Regulation will rely upon this information and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

Signature:

Date:

#### Section 4: Payment

If applicable enclose check or money order payable to “State of Maine, Department of Professional and Financial Regulation” and mail to the address noted below. Alternatively, you may fill out the credit card portion of the application and email it to the board at: [rlestateappr.board@maine.gov](mailto:rlestateappr.board@maine.gov)

Our mailing address for U.S. Postal Service via, regular, priority, or express mail services is:

**Department of Professional & Financial Regulation  
Board of Real Estate Appraisers  
35 State House Station  
Augusta, ME 04333-0035**

**(Please note that the USPS will only deliver to the address above and will NOT deliver to our physical location)**

If you wish to use an overnight mail service such as FedEx or UPS. Please use our physical location:

**Department of Professional & Financial Regulation  
Board of Real Estate Appraisers  
76 Northern Avenue  
Gardiner, ME 04345**

#### Payment Options:

Make checks payable to “State of Maine, Department of Professional and Financial Regulation”

If you wish to pay by Mastercard or Visa, fill out the following:

Name of Cardholder (please print):

Mailing address of cardholder (please print)

I, authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD for following amount: \$ \_\_\_\_\_  
\_\_\_\_\_ **I understand that fees are non-refundable**

Card number:

Expiration Date:

**Signature:**

**Date:**

#### Notices

**Public Record:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA § 401 et seq). Public records must be made available to any person upon request. This application for licensure is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.