STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION

2501 East Sahara Avenue, Suite 102 * **Las Vegas**, NV 89104-4137 * (702) 486-4033
E-mail: realest@red.state.nv.us http://www.red.state.nv.us

APPLICATION FOR AN ORIGINAL OR RENEWAL OF AN APPRAISAL MANAGEMENT COMPANY BRANCH OFFICE

The Branch Office registration must be renewed at the corresponding renewal date of the Appraisal Management Company.

Check One Box: ☐ **New Branch Office - Fee: $100.00** ☐ **Renewal – Fee: $100.00**

Date: _____ **AMC Registration Number:** _____

AMC Name: _____

Branch Office Physical Location: _____

_____
Street *City* *State* *Postal Code*

Mailing Address (if different from office location)**:**

_____
P.O. Box/Street *City* *State* *Postal Code*

Phone: ( ) _____ **Fax:** ( ) _____

A Principal, Partner, Officer, Director, or Trustee designated to act on behalf of the Appraisal Management Company must authorize the contact person for each branch office. Indicate the contact person below and provide your signature:

Location Contact Person: _____ (print or type clearly)

The named contact person is authorized by herein named Appraisal Management Company to act on behalf of the company at this branch office.

Print Name:_____ Title:_____

X _____

(Signature of Designated Principal, Partner, Officer, Director, or Trustee)