

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION  
**APPRAISER CERTIFICATION PROGRAM**

123 W. Missouri Ave., Missouri River Plaza, Pierre, SD 57501  
Tel: 605.773.3803 dlr.sd.gov/appraisers

**Appraisal Management Company  
Registration Surety Bond \$25,000 SDCL 36-21D**

Fill, print, sign, and email this form along with the original bond/cancellation notice and Power of Attorney to:  
[DRR.AppraiserCertification@state.sd.us](mailto:DRR.AppraiserCertification@state.sd.us) or mail them to the address above.

Effective Date: \_\_\_\_\_ Bond Number: \_\_\_\_\_

**WHEREAS** under the terms of SDCL 36-21D, every Appraisal Management Company described therein must file with the South Dakota Appraiser Certification Program a surety bond to secure compliance with SDCL 36-21D et seq.

WHEREAS every Appraisal Management Company is required to comply with all terms of said statute and all rules promulgated by the South Dakota Appraiser Certification Program pursuant to the authority of said statute:

NOW, therefore, we, the undersigned, state that:

**AMC Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Surety Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

As surety, we are firmly held bound to the South Dakota Appraiser Certification Program, as obligee, in the sum of Twenty-Five Thousand Dollars (\$25,000) for payment of which we bind ourselves, our heirs, assigns, executors, and administrators, jointly and severally, conditioned that if the undersigned principal shall promptly pay any amount of money due as provided in SDCL 36-21D et seq, this obligation shall be null and void; otherwise, it shall be in full force and effect.

The term of this obligation is for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_.

The surety reserves, however, the right to cancel the above bond on the giving of thirty (30) days' written notice to the Principal and the South Dakota Appraiser Certification Program.

Principal: \_\_\_\_\_ Surety: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Attorney-in-Fact: \_\_\_\_\_  
[Accompanied by an executed Power of Attorney]