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Reviewer's Commitment Form

Date

AMC Name

Reviewer's Information

Name

Firm Name

Address

City, State, Postal Code

Email Address

Phone Number

The following information is necessary in order to obtain approval from the AICPA.

Is this person a member of the American
Institute of Certified Public Accountants
(AICPA)?

Yes

No

If NO, is this person a member of a similar
organization?

Yes

No

If this person is a member of an organization other than AICPA, please specify organization information below:

Organization Name

Phone

Email

A member of a firm who is a CPA must oversee the Association Management Company Review.

Who is that individual?

Is this Accounting Firm or Individual CPA employed by the AMC being reviewed? Yes
No

Has the Accounting Firm or Individual CPA been peer reviewed within the last three years? Yes
No

Is the Accounting Firm or Individual CPA familiar with conducting these types of reviews? Yes
No

ATTACH A COPY OF THE REVIEWER'S LAST PEER REVIEW OPINION LETTER.

My firm and I have reviewed the materials in the Reviewer's Guide and agree to comply with the procedures and requirements in conducting an Association Management Company review. We further state that the information submitted on this Reviewer's Commitment Form is correct and accurate.

Signature

Date

This Form must be signed and returned with the Declaration of Intent Form #1002.