



THE SOURCE FOR PROFESSIONAL
ASSOCIATION MANAGEMENT COMPANIES

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Reviewer's Commitment Form

Date: _____

AMC Name: _____

1. Firm Name: _____

2. Name of Person doing the Review: _____

City and State of Office: _____

Reviewer's Mailing Address: _____

Reviewer's Email Address: _____

Reviewer's Phone Number: _____

Reviewer's Date of Birth: _____

****This 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

Organization Name: _____

Phone: _____ Email: _____

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

3. Is this Accounting Firm or individual CPA employed by the AMC being reviewed?

Yes No

4. Has the Accounting Firm or individual CPA been peer reviewed within the last three years?

Yes No

5. Is the Accounting Firm or individual CPA familiar with conducting these types of reviews?

Yes No

6. ***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.

Date: _____

Date: _____

Signature of person doing the review

Signature of CPA who will oversee the review if different

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