



301 Centennial Mall South, First Floor
 PO Box 94963
 Lincoln, NE 68509-4963
 www.appraiser.ne.gov
 402-471-9015

New Owners Checked on ASC Appraiser Registry:	
Processed By:	Date:
For Board Use Only	

NEBRASKA APPRAISAL MANAGEMENT COMPANY INFORMATION CHANGE FORM

APPRAISAL MANAGEMENT COMPANY INFORMATION

Nebraska AMC Registration Number: _____
 Initial Date of Registration in Nebraska: _____
 Legal Name (before change): _____

CHANGE TO APPRAISAL MANAGEMENT COMPANY INFORMATION

Legal Name: _____
 Employer Identification Number (EIN): _____

AMC Type: Single State (panel of more than 15 AMC appraisers)
 Multi-State (panel of 25 or more AMC appraisers in two or more states)

Federally Regulated: YES NO

Business Address: _____
PO Box or Street Number City State Zip Code + 4

E-Mail Address Area Code + Phone Number Fax Number

CHANGE IN STATE OF DOMICILE/DESIGNATED AGENT

If corporation is not domiciled in Nebraska, a designated agent for service within Nebraska must be named. If state of domicile is Nebraska, the following section may be left blank.

State of domicile: _____

Name of designated agent in Nebraska for service of process: _____

Address: _____
PO Box or Street Number City State Zip Code + 4

E-Mail Address Area Code + Phone Number Fax Number

CHANGE IN TRADE NAME

If the applicant will be doing business in Nebraska under any other name(s), then all such names must be stated, with address and telephone number. (Use a separate sheet if necessary)

Other name: _____

Business Address: _____

PO Box or Street Number

City

State

Zip Code + 4

E-Mail Address

Area Code + Phone Number

Fax Number

CHANGE IN OWNERSHIP

All persons/entities owning 10% or more of the applicant must be listed. (Use a separate sheet if necessary)

If the applicant is owned by a corporation or corporations, does any individual own shares in a parent corporation or corporations where said shares amount to owning more than 10% of the applicant?

YES NO If the answer is yes, provide shareholder names and contact information on a separate sheet.

If more than 10% of the applicant is held in trust, directly or by virtue of holding shares in a parent corporation or corporations, provide trustee name(s) and contact information on a separate sheet.

Name: _____ Percentage Owned: _____
Last First Middle

Address: _____
PO Box or Street Number City State Zip Code + 4

E-Mail Address

Area Code + Phone Number

Fax Number

Name: _____ Percentage Owned: _____
Last First Middle

Address: _____
PO Box or Street Number City State Zip Code + 4

E-Mail Address

Area Code + Phone Number

Fax Number

Name: _____ Percentage Owned: _____
Last First Middle

Address: _____
PO Box or Street Number City State Zip Code + 4

E-Mail Address

Area Code + Phone Number

Fax Number

CHANGE IN CONTACT PERSON

Contact person to serve as main contact for all communication with the Appraiser Board.

Name: _____
Last First Middle

Address: _____
PO Box or Street Number City State Zip Code + 4

E-Mail Address Area Code + Phone Number Fax Number

DISCIPLINARY QUESTIONS

Responses to these questions are required if any of the following are changed: Legal Name, Trade Name, Ownership.

1. Has any person or entity listed above been engaged in any lawsuit(s) involving real estate, either as Plaintiff or Defendant? This does not include Small Claims Court, Domestic Relations Court, automobile cases, or traffic court cases.

YES NO

If your answer to No. 1 above is yes, provide a brief statement of all significant details on a separate sheet, including the nature of the suit, location, date filed, court of jurisdiction, and the names of any persons involved.

2. Is the AMC, in whole or in part, directly or indirectly, owned by any person who has had an appraiser credential or equivalent refused, denied, canceled, or revoked or any person who has surrendered an appraiser credential or equivalent in lieu of revocation in any jurisdiction?

YES NO

If your answer to No. 2 above is yes, provide a brief statement of all significant details on a separate sheet, including the nature of the matter, location, date(s), and the names of such persons. Include copies of all final orders or consent agreements.

3. Has any person who owns more than 10% of the Appraisal Management Company ever been convicted of, or entered a plea of nolo contendere to, a felony related to the appraisal practice or any crime involving fraud, misrepresentation, or moral turpitude?

YES NO

If your answer to No. 3 above is yes, provide a brief statement of all significant details on a separate sheet, including the nature of the matter, location, date filed, court of jurisdiction, and the names of any persons involved.

The Board reserves the right to take any action, including but not limited to requesting additional information, denying change to Appraisal Management Company, or suspending Appraisal Management Company's registration.

I CERTIFY THAT THE STATEMENTS MADE IN THIS APPRAISAL MANAGEMENT COMPANY INFORMATION CHANGE FORM AND ALL ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I HAVE NOT SUPPRESSED ANY INFORMATION THAT MIGHT HAVE A BEARING ON THIS DOCUMENT'S PROCESSING.



I, _____, of _____, do hereby
(Name) (City, State)

irrevocably consent that service of process upon the applicant may be made by delivery of the process to the Nebraska Real Property Appraiser Board if plaintiff cannot, in the exercise of due diligence, effect personal service on the applicant in an action against the applicant in a court of this state arising out of the applicant's activities in this state.

Applicants Signature

Date

DIRECTIONS

1. Complete first section with appraisal management company information as it currently appears, followed by the items of information that have changed and are to be updated in the Board's records.
2. If you are making a legal name change, include a copy of the forms indicating the legal name change.
3. Email form to nrpab.amc@nebraska.gov or mail form to:

NEBRASKA REAL PROPERTY APPRAISER BOARD
PO BOX 94963
LINCOLN, NE 68509-4963

Street address for FedEx or UPS is 301 CENTENNIAL MALL SOUTH, FIRST FLOOR, LINCOLN NE 68509

4. Questions or concerns may be directed to NRPAB Staff at 402-471-9015 or nrpab.amc@nebraska.gov.