



Processed By: _____	Date: _____
<b>For Board Use Only</b>	

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

## REAL PROPERTY APPRAISAL MANAGEMENT COMPANY INFORMATION CHANGE FORM

### CHANGE TYPE

- |                                     |                                  |   |  |
|-------------------------------------|----------------------------------|---|--|
| <input type="checkbox"/> LEGAL NAME | <input type="checkbox"/> ADDRESS | <input type="checkbox"/> PHONE NUMBER       | <input type="checkbox"/> STATE OF DOMICILE |
| <input type="checkbox"/> TRADE NAME | <input type="checkbox"/> OWNER   | <input type="checkbox"/> CONTROLLING PERSON | <input type="checkbox"/> OTHER             |

### CURRENT APPRAISAL MANAGEMENT COMPANY INFORMATION (As it appears now)

Nebraska Real Property Registration Number: \_\_\_\_\_

Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Initial Date of Registration in Nebraska: \_\_\_\_\_

Name of Director of Board: \_\_\_\_\_

Business Address: \_\_\_\_\_

PO Box or Street Number                      City                      State                      Zip Code + 4

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E-Mail Address                      Area Code + Phone Number                      Fax Number

### STATE OF DOMICILE (As it appears now)

**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 officer to be agent for service of process: \_\_\_\_\_

Address: \_\_\_\_\_

PO Box or Street Number                      City                      State                      Zip Code + 4

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E-Mail Address                      Area Code + Phone Number                      Fax Number

**TRADE NAME** (As it appears now)

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

**OWNERSHIP** (As it appears now)

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

Name: \_\_\_\_\_

Last

First

Middle

Percentage Owned: \_\_\_\_\_

Address: \_\_\_\_\_

PO Box or Street Number

City

State

Zip Code + 4

E-Mail Address

Area Code + Phone Number

Fax Number

Name: \_\_\_\_\_

Last

First

Middle

Percentage Owned: \_\_\_\_\_

Address: \_\_\_\_\_

PO Box or Street Number

City

State

Zip Code + 4

E-Mail Address

Area Code + Phone Number

Fax Number

Name: \_\_\_\_\_

Last

First

Middle

Percentage Owned: \_\_\_\_\_

Address: \_\_\_\_\_

PO Box or Street Number

City

State

Zip Code + 4

E-Mail Address

Area Code + Phone Number

Fax Number

Name: \_\_\_\_\_

Last

First

Middle

Percentage Owned: \_\_\_\_\_

Address: \_\_\_\_\_

PO Box or Street Number

City

State

Zip Code + 4

E-Mail Address

Area Code + Phone Number

Fax Number

**CONTROLLING PERSON** (As it appears now)

Controlling 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

## CHANGE TO APPRAISAL MANAGEMENT COMPANY INFORMATION

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Legal Name: \_\_\_\_\_

Name of Director of Board: \_\_\_\_\_

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

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**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 officer to be agent 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

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**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

(Two copies on legible, ink-rolled fingerprint cards must be submitted for each new owner owning more than 10% of the applicant)

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

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

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 CONTROLLING PERSON

**Controlling 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

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, the court, and the names of any persons involved.*

2. Have any person(s), in whole or in part, directly or indirectly, been refused or denied an appraiser credential or who has had their appraiser credential revoked, cancelled, or surrendered in lieu of revocation in this state or in any other state?

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.*

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, the court, and the names of any persons involved.*

***This change form will not be processed without two copies of legible, ink-rolled fingerprint cards, if required. The Appraisal Management Company's registration will remain active throughout the criminal history record check process. Any results of the criminal history record check may be presented to the Board for review. 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 DOCUMENTS PROCESSING.



I, \_\_\_\_\_, of \_\_\_\_\_, do hereby submit  
(Name) (City, State)

an irrevocable consent that service of process upon me be made by delivery of the process to the Director of the Nebraska Real Property Appraiser Board if the plaintiff cannot, in the exercise of due diligence, effect personal service upon me in an action in a court arising out of my activities as a real property appraiser.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

## DIRECTIONS

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1. Fill out current appraisal management company information and indicate appraisal management company information needed updating.
2. If you are making a legal name change, include a copy of the forms indicating the legal name change.
3. Mail form to: *(Or you may email the form to [nrpab.amc@nebraska.gov](mailto:nrpab.amc@nebraska.gov))*

NEBRASKA REAL PROPERTY APPRAISER BOARD  
PO BOX 94963  
LINCOLN, NE 68509-4963
4. Questions or concerns may be directed to NRPAB Staff at 402-471-9015 or [nrpab.amc@nebraska.gov](mailto:nrpab.amc@nebraska.gov)