



AMC INFORMATION CHANGE FORM

FOR OFFICE USE ONLY

Date Received: _____

Registration #: _____

Change Type:

AMC INFORMATION: NON-LEGAL NAME: CONTROLLER: OWNERSHIP:

Fully complete this section. This application will be considered invalid if any of the following information is omitted.

1. Current Appraisal Management Company Information

LEGAL NAME: _____

BUSINESS ADDRESS: _____
Street Number City

County State Zip Code + 4

Telephone No. Fax No. Email Address

STATE WHERE CORPORATION IS DOMICILED: _____

NAME OF DESIGNATED OFFICER AS AGENT FOR SERVICE OF PROCESS:

AGENT ADDRESS: _____
Street Number City

County State Zip Code + 4

Telephone No. Fax No. Email Address

2. Current Controlling Person

NAME: _____

ADDRESS: _____

Street Number

City

County

State

Zip Code + 4

Telephone No.

Fax No.

Email Address

3. Current Ownership

Persons/entities owning 10% or more of AMC must be listed. Use a separate sheet if necessary.

OWNER: _____ PERCENTAGE OWNED: _____

OWNER: _____ PERCENTAGE OWNED: _____

Only complete the following sections applicable to AMC changes.

4. Changes to Appraisal Management Company Information

LEGAL NAME: _____

BUSINESS ADDRESS: _____

Street Number

City

County

State

Zip Code + 4

Telephone No.

Fax No.

Email Address

STATE WHERE CORPORATION IS DOMICILED: _____

NAME OF DESIGNATED OFFICER TO BE AGENT FOR SERVICE OF PROCESS:

AGENT ADDRESS: _____

Street Number

City

County

State

Zip Code + 4

Telephone No.

Fax No.

Email Address

5. Change to Non-legal Appraisal Management Company Name

NAME: _____

BUSINESS ADDRESS: _____

Street Number

City

County

State

Zip Code + 4

Telephone No.

Fax No.

Email Address

6. Change of Controlling Person

NAME: _____

ADDRESS: _____

Street Number

City

County

State

Zip Code + 4

Telephone No.

Percentage Owned

Fax No.

Email Address

Signature of outgoing controller

Date

Signature of incoming controller

Date

7. Change in Ownership Use a separate sheet if necessary.

NEW OWNER: _____ PERCENTAGE OWNED: _____

ADDRESS _____

Street Number

City

County

State

Zip Code +4

Telephone No.

Percentage Owned

Fax No.

Email Address

Signature of new owner

Date

- 8.** Has any person or entity listed above in 4 through 7 ever 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

8a. If your answer to No. 8 above is yes, give names of all parties involved, the court, location, date filed, nature of the suit and brief statement of all significant details on a separate sheet.

- 9.** Is any person or persons listed on the change form, in whole or in part, directly or indirectly, owned by any person who has been refused or denied an appraiser credential or who has had appraiser credential revoked, cancelled or surrendered in lieu of revocation in this state or in any other state?
 (____) (____)
 YES NO

9a. If your answer to No. 9 above is yes, give names of such persons, the state involved, the date(s), and the nature of the matter and a brief statement of all significant details on a separate sheet.

- 10.** Has any person who now owns more than 10% of 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

10a. If your answer to No. 10 above is yes, give names of all parties involved, the court, location, date filed and nature of the matter and a brief statement of all significant details on a separate sheet.

