



BREA USE ONLY
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**APPRAISAL MANAGEMENT COMPANY (AMC)  
CHANGE NOTIFICATION AND MISCELLANEOUS REQUESTS**

*Read all directions prior to completing this form.*

*Please note that all changes requested on this form must be approved and certified by the Designated Officer of the AMC.*

*The Designated Officer (or new Designated Officer) **must** sign this request form in*

**PART III: Change and Request Declaration (top of page 5)**

**Part I: AMC Information (Information presently on file with the BREA)**

1. Name of AMC		2. AMC Certificate Number	
3. Business Street Address of Public Record (P.O. Boxes not allowed)			
Address			
City		State	Zip Code
4. Business Telephone Number		5. Business Fax Number	

**Part II: Information to Be Changed**

Type of Change			
<input type="checkbox"/> AMC DBA Name Change \$10	<input type="checkbox"/> Controlling Person Change \$10*	<input type="checkbox"/> Designated Officer Change \$10*	
<input type="checkbox"/> Issue Duplicate Certificate \$10	<input type="checkbox"/> Change Agent For Service Of Process \$10	<i>*additional fees may apply</i>	

**A. AMC Changes**

**1. Changes to AMC Information.**

▼ *Check boxes to indicate fields that are being changed*

<input type="checkbox"/> 1. Name			
<input type="checkbox"/> 2. Business Street Address of Public Record (P.O. Boxes not allowed)			
Address			
City		State	Zip Code
<input type="checkbox"/> 3. Business Telephone Number		<input type="checkbox"/> 4. Business Fax Number	
<input type="checkbox"/> 5. Legal Structure			
<input type="checkbox"/> Domestic Corporation	<input type="checkbox"/> Foreign LLC	<input type="checkbox"/> Sole Proprietor	
<input type="checkbox"/> Domestic LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other *	
<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Limited Partnership		
If "Other" describe:			

**➔ Formation Documents. Submit Articles of Incorporation or equivalent formation documents verifying the legal formation and operation of the AMC. Attach to this application.**

**2. Change for Agent for Service of Process**

*This section is to be completed if the AMC is not domiciled in California. Provide the name and contact information for the person or entity authorized as the AMC agent for service of process within California. This agent for service of process must complete the declaration below and have this document notarized prior to submittal.*

Type of Change			
<input type="checkbox"/> New Agent for Service of Process		<input type="checkbox"/> New Information for Existing Agent for Service of Process	
1. Name			
Last	First	M.I.	
2. Title			
3. Address (P.O. Boxes not allowed)			
Address			
City		State	Zip Code
4. Business Telephone Number		5. Business Fax Number	

I, \_\_\_\_\_ (name), am authorized to act as Agent for service of process in the State of California on behalf of \_\_\_\_\_ (name of AMC), an entity organized and existing under the laws of the State of \_\_\_\_\_ (current resident state), for purposes of \_\_\_\_\_'s (name of AMC) operation as a valid AMC in accordance with California law under Certificate of Registration No. \_\_\_\_\_ (AMC Certificate Number), including all rights and obligations associated therewith, and I do hereby certify:

The complete address within California whereby I, on behalf of \_\_\_\_\_ (name of AMC) may be served with process by the Chief of the Bureau of the Real Estate Appraisers or his/her designee is as follows:

Address		
City	State	Zip Code

IN WITNESS WHEREOF, I, \_\_\_\_\_ (Agent Name for service of process) have subscribed my name hereto this \_\_\_\_\_ (day) day of \_\_\_\_\_ (month), \_\_\_\_\_ (year) at \_\_\_\_\_ (city), \_\_\_\_\_ (state).

Signature \_\_\_\_\_

STATE OF _____ COUNTY OF _____
On this _____ day of _____ in the year _____ before me _____ personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed it.
_____ Signature of Notary Public

**B. Controlling Person(s) Changes**

**1. Addition and Removal of Controlling Person(s)**

List the name of each “Controlling Person” of the AMC that is being added or removed for the AMC.

Note: A separate “Appraisal Management Company (AMC) Controlling Person Application” (REA 5002) form and fees must be included for each Controlling Person that is being added unless BRE A has an approved Form REA 5002 on file for the newly designated Controlling Person.

<input type="checkbox"/> Add <input type="checkbox"/> Remove	1.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	3.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	7.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	8.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	9.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	10.

**2. Information Change for an Existing Controlling Person**

▼ Check boxes to indicate fields that are being changed

<input type="checkbox"/> 1. Controlling Person’s Name			First	M.I.
Last				
<input type="checkbox"/> 2. Controlling Person’s Title or Position				
<input type="checkbox"/> 3. Mailing Address of Public Record				
Address			State	Zip Code
City				
<input type="checkbox"/> 4. Physical Home Address				
Address			State	Zip Code
City				
<input type="checkbox"/> 5. Business Telephone Number			<input type="checkbox"/> 6. Home Telephone Number	
<input type="checkbox"/> 7. Email Address (Specify if Business or Home)				

**C. Change of Designated Officer**

**List the name of the new Designated Officer**

**Note: A separate "Appraisal Management Company (AMC) Controlling Person Application" (REA 5002) form and fees must be included for the Designated Officer to be added unless BRE has an approved Form REA 5002 on file for the new Designated Officer.**

1. New Designated Officer's Name		
Last	First	M.I.
2. New Designated Officer's Social Security Number		<b>Do you currently or have you ever held a California Real Estate Appraisers License?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 20px;">License No.</span>

I, \_\_\_\_\_ (name), certify under penalty of perjury in accordance with California law, that I am the Designated Officer and duly authorized as such and understand and agree, individually and on behalf of \_\_\_\_\_ (name of AMC), to abide by all federal and California laws applicable to appraisal management companies receiving and maintaining a Certificate of Registration under California law. In addition, I certify that \_\_\_\_\_ (name of AMC) is legally formed pursuant to the applicable state law and, further, that \_\_\_\_\_ (name of AMC) shall comply with all California laws as necessary in order to validly operate in California. I declare under penalty of perjury in accordance with California law that I am 18 years of age or older and that the foregoing information and information provided on all attachments is true and correct and that I have answered each question fully and truthfully and without any purpose of evasion or mental reservation. I understand that providing false information is grounds for denial or revocation of any certificate of registration and may subject me to disciplinary action and/or criminal prosecution and punishment by imprisonment in state prison for 2, 3 or 4 years pursuant to Penal Code section 126.

I also certify, under penalty of perjury in accordance with California law, that \_\_\_\_\_ (name of AMC) will, in accordance with Business and Professions Code section 11345.3, include in all of its contracts with clients for appraisal services in California, provision of each of the following as standard business practices, as and where applicable:

- a. Ensuring that all independent contractor or employee appraisers that perform appraisal services for this company in California will possess a California real estate appraiser license in good standing;
- b. Reviewing the work of all independent contractor or employee appraisers to ensure that appraisal services are performed in accordance with the Uniform Standards of Professional Appraisal Practice (USPAP); and
- c. Maintaining, at a minimum, each of the following records for each service request:
  - 1. The date of receipt of the request;
  - 2. The name of the person from whom the request was received;
  - 3. The name of the client for whom the request was made, if different from the name of the person from whom the request was received;
  - 4. The appraiser or appraiser(s) assigned to perform the contracted service; and
  - 5. The date of delivery of the appraisal product to the client.

I also certify, under penalty of perjury in accordance with California law, as to the following regarding service of process on \_\_\_\_\_ (name of AMC).

- a. That service of process on \_\_\_\_\_ (name of AMC) shall be deemed service of process on each and every Controlling Person individually (as identified by Applicant herein and/or as updated by *Appraisal Management Company Change Notification and Miscellaneous Requests* Form REA 5011, as consistent with the duties and obligations of a Controlling Person within \_\_\_\_\_ (name of AMC).
- b. That the Applicant hereby irrevocably consents that if, in any action commenced against it by the Chief of the Office of Real Estate Appraisers or his designee, service of process upon it cannot be made in California after the exercise of due diligence, a valid service may thereupon be made upon it by delivering the process to the Chief of the Bureau of Real Estate Appraisers of the State of California.
- c. That, following such service of process pursuant to the irrevocable consent authorized herein, the Chief of the Office of Real Estate Appraisers of the State of California may mail a copy of any such process to the

\_\_\_\_\_ (name of AMC) at the following address:

Address		
City	State	Zip Code

Executed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ (city or county)  
\_\_\_\_\_ (state).

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

**Part III: Change and Request Declaration**

*All changes made should be verified by, and held accountable to the Designated Officer of the AMC.  
The Designated Officer (or new Designated Officer) must complete this section.*

I, \_\_\_\_\_ (name), certify under penalty of perjury in accordance with California law, that I am the Designated Officer and duly authorized as such and understand and agree, individually and on behalf of \_\_\_\_\_ (name of AMC), that the foregoing information and information provided on all attachments is true and correct and that I have answered each question fully and truthfully and without any purpose of evasion or mental reservation. I understand that providing false information is grounds for denial or revocation of any license and may subject me to disciplinary action and/or criminal prosecution and punishment by imprisonment in state prison for 2, 3 or 4 years.  
Executed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ (city or county) \_\_\_\_\_ (state).

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_  
On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me \_\_\_\_\_ personally appeared \_\_\_\_\_ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed it.  
\_\_\_\_\_  
Signature of Notary Public

**MUST BE SIGNED AND CERTIFIED BY A NOTARY PUBLIC IF EXECUTED OUTSIDE THE STATE OF CALIFORNIA**

PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS APPLICATION

- Type or print clearly in blue or black ink.
- Applications must be legible and contain an original signature.
- If you have any questions, please write to the address listed on this page or call (916) 552 - 9000.
- Check the appropriate “change” box on page one of this form.
- Check all boxes that are applicable.
- Complete all information requested for each box checked.
- All fees must be paid by pre-printed personal check, company check, cashier’s check, certified check, money order, or credit card (see REA 2030 to pay by credit card).
- Fees cannot be refunded. By statute, all fees submitted are deemed earned upon receipt.
- Mail completed Applications to:  
**BUREAU OF REAL ESTATE APPRAISERS**  
**1102 Q Street, Suite 4100**  
**Sacramento, CA 95811**

INSTRUCTIONS

**PART I: AMC INFORMATION** - This section MUST be completed.

**PART II: INFORMATION TO BE CHANGED** - Only complete the sections in *Part II* that are to be changed.

**A. AMC CHANGES** - *This section includes changes in the AMC, such as changes in address or a change in Agent for Service of Process:*

- 1. CHANGES TO AMC INFORMATION** - For changes in the AMC such as address, phone number, or legal formation.
- 2. CHANGE FOR AGENT FOR SERVICE OF PROCESS** – A change of, or changes to an AMC’s Agent for Service of Process MUST be notarized by a Notary Public.

**B. CONTROLLING PERSON(S) CHANGES** - *This section covers changes to the Controlling Persons of an AMC:*

- 1. ADDITION AND REMOVAL OF CONTROLLING PERSON(S)** – List each name of all “Controlling Persons” of the AMC that are being either added or removed to the AMC.  
A separate “*Appraisal Management Company (AMC) Controlling Person Application*” (REA 5002) form and fees must be included for each Controlling Person that is being added unless:
  - (a) BRE has an approved Form REA 5002 on file for the newly designated Controlling Person; or
  - (b) The new Controlling Person holds an active real estate appraisal license with the BRE.
- 2. INFORMATION CHANGE FOR AN EXISTING CONTROLLING PERSON** - Show all changes being made to information for an individual Controlling Person.

**C. CHANGE OF DESIGNATED OFFICER** - List the name of the new Designated Officer.

A separate “*Appraisal Management Company (AMC) Controlling Person Application*” (REA 5002) form and fees must be included for a Designated Officer that is being added unless:

- (a) BRE has an approved Form REA 5002 on file for the newly designated Controlling Person; or
- (b) The new Controlling Person holds an active real estate appraisal license with the BRE.

**PART III: CHANGE AND REQUEST DECLARATION** - All changes made should be verified by, and held accountable to the Designated Officer of the AMC. The Designated Officer (or new Designated Officer) MUST complete this section.