

Georgia Real Estate Commission Georgia Real Estate Appraisers Board

229 Peachtree Street NE Suite 1000 - International Tower Atlanta, GA 30303-1605 Phone: 404-656-3916 Fax: 404-656-6650 www.grec.state.ga.us

Appraisal Management Company Change Application

This form can be filled out on-line. Print TWO copies: one to sign and submit for processing and one for your records. If a fee and/or documentation are required, attach to the application and mail to the address above. Once the completed application, including all supporting documents, is received it will be processed within 15 business days. An application that requires a background investigation may require considerable additional time to process. Incomplete applications will be returned unprocessed and result in a \$25.00 charge.				
Complet	Complete sections A and F , for all applications.			
Complete section B , C , D , if needed				
Changes greater than 30 days must include a \$25.00 fee				
Section A Company Information				
Company Name	Registration Number			
Controlling Persor	n			
Section B	Company Address Change			
Business Address				
City	State Zip Code			
County	Business Phone Number			
Mailing Address				
City	State Zip Code			
City	State Zip Code			
County	Alternate			
	Phone Number			
E-mail				
FOR OFFICE USE ONLY Rec Dt Rec By Fee Proc By Proc Dt Codes Inv Reg				



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Section C	Company Name Change			
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Company Name				
NOTE: List the Company Name under which you will now be conducting business in the state of Georgia.				
Section D	Surety Bond Change			
	Survey Bond Shange			
Each Appraisal Management Company must provide proof of financial responsibility in the form of :				
A Surety Bond of not less than \$20,000 coverage.				
A Surety Bond of not less than \$20,000 coverage.				
PROVIDE THE FOLLOWING INFORMATION FOR THE SURETY BOND				
Under Which the Company is now covered:				
Institution Name				
Bond Number				
Section F	Certifications			
	Certifications			
I hereby authorize a representative of the Georgia Real Estate Commission to periodically obtain and receive any criminal history record information and/or full lifetime driver history record information pertaining to me which may be in the files of any				
federal, state, or local crimina		to the which may be in the lifes of any		
I hereby certify the information provided in this application is true to the best of my knowledge and belief.				
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Controlling Person Signature		Date		