

PO Box 94963 Lincoln, NE 68509-9015 402-471-9015

## **AMC INFORMATION CHANGE FORM**

FOR OFFICE U	JSE ONLY			
Date Rece	ived:			
Registrati	on #:			
Change Ty	/pe:			
AMC INF	ORMATION:	NON-LEGAL NA	ME: CONTROLLER	R: OWNERSHIP:
Fully compl	ete this section. Thi	s application will be co	onsidered invalid if any of the	e following information is omitted
1. <b>C</b> 1	urrent Appra	nisal Managem	ent Company Info	rmation
		<b>G</b>		
BU	SINESS ADDRESS	S:		
		Street Number	City	
Cou	inty	State	Zip Code + 4	
Tele	ephone No.	Fax No.	Email Address	
ST	ATE WHERE COR	PORATION IS DOM	ICILED:	
NA	ME OF DESIGNA	TED OFFICER AS AG	GENT FOR SERVICE OF P	ROCESS:
_				
AG	ENT ADDRESS: _	Street Number		City
Co	unty	State	Zip Code + 4	
Tele	ephone No.	Fax N	o. Email Addr	ess

ADDRESS:		
	Street Number	City
County	State	Zip Code + 4
Telephone No.	Fax No.	Email Address
Current Owi	nership	
Persons/entities ov	wning 10% or more of AMO	C must be listed. Use a separate sheet if neces
OWNER:		PERCENTAGE OWNED:
OWNER:		PERCENTAGE OWNED:
C		ent Company Information
LEGAL NAME:		
LEGAL NAME: BUSINESS ADDRI	ESS:	
LEGAL NAME: BUSINESS ADDRI	ESS:Street Number	City
LEGAL NAME: BUSINESS ADDRI County Telephone No.	ESS:Street Number  State  Fax No.	City Zip Code + 4
LEGAL NAME: BUSINESS ADDRI  County Telephone No. STATE WHERE CO	ESS:Street Number  State  Fax No.  ORPORATION IS DOMICIL	City  Zip Code + 4  Email Address
LEGAL NAME: BUSINESS ADDRI  County  Telephone No.  STATE WHERE CO	ESS:Street Number  State  Fax No.  ORPORATION IS DOMICIL  NATED OFFICER TO BE AC	City  Zip Code + 4  Email Address  ED:  GENT FOR SERVICE OF PROCESS:
LEGAL NAME: BUSINESS ADDRI  County Telephone No. STATE WHERE CO	ESS:Street Number  State  Fax No.  ORPORATION IS DOMICIL  NATED OFFICER TO BE AC	City  Zip Code + 4  Email Address  ED:  GENT FOR SERVICE OF PROCESS:

2. Current Controlling Person

## 5. Change to Non-legal Appraisal Management Company Name

NAME:			
BUSINESS ADDRES	SS:		
	Street Number	City	
County	State	Zip Code + 4	
Telephone No.	Fax No.	Email Address	
Change of Cor	ntrolling Person		
NAME:			
ADDRESS:			
	Street Number	City	
County	State	Zip Code + 4	
Telephone No.		Percentage Owned	
Fax No.		Email Address	
Signatu	re of outgoing controller	Date	
Signati	are of incoming controller		

6.

NEW	OWNER:		PERCENTAGE OWNED:	
ADD	ORESS			
		Street Number	City	
County	7	State	Zip Code +4	
Teleph	one No.		Percentage Owned	
Fax No	).		Email Address	
	Signatu	re of new owner	 Date	
invo	lving real estate, eith	ner as Plaintiff or De	ough 7 ever been engaged in any lawsuit(s) fendant? This does not include Small Claims	
invo	lving real estate, eith t, Domestic Relation  If your answer to	ner as Plaintiff or De as Court, automobile o No. 8 above is yes	•	cation, d
8a.  Is any person	lving real estate, eith t, Domestic Relation  If your answer to filed, nature of th y person or persons on who has been ked, cancelled or sur	ner as Plaintiff or De as Court, automobile o No. 8 above is yes e suit and brief state listed on the change refused or denied a	fendant? This does not include Small Claims cases or traffic court cases. () () YES NO  , give names of all parties involved, the court, locations in the court of the court, locations in the court of the court, locations in the court of the c	ned by a
8a.  Is any person revolution.	Iving real estate, eith t, Domestic Relation  If your answer to filed, nature of th y person or persons on who has been ked, cancelled or sur	ner as Plaintiff or De is Court, automobile of No. 8 above is yes e suit and brief state listed on the change refused or denied arrendered in lieu of root of No. 9 above is yes of No. 9 above is yes	fendant? This does not include Small Claims cases or traffic court cases. () () YES NO  , give names of all parties involved, the court, located ment of all significant details on a separate sheet.  form, in whole or in part, directly or indirectly, ow an appraiser credential or who has had appraiser	rned by a credent

11. Nebraska state statutes require a criminal history record check through the Nebraska State Patrol and the Federal Bureau of Investigation for any individual owner of 10% or more of an Appraisal Management Company. Submit two copies of legible ink-rolled fingerprint cards or equivalent electronic fingerprint submissions with this change form for each new individual owning 10% or more of Appraisal Management Company (Live scan prints are preferred by the State Patrol for accuracy).

This change form will not be processed without two copies of legible ink-rolled fingerprint cards or equivalent electronic fingerprint submissions 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 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 application.

			SI	GN HERE						_
			(Signature of Applicant)							
STAT	ΓΕ OF		)							
COU	NTY OF		) s )	SS.						
The	foregoing			acknowledged					_ day	of
		,	, 。, .	(Name of Applica				·		
	(Not	ary Public)								
	(1100	ary racine)								



Mail completed change form and attachments to: Nebraska Real Property Appraiser Board P.O. Box 94963 Lincoln, NE 68509-4963