

**APPRAISER CERTIFICATION  
AND LICENSURE BOARD**

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**APPRAISAL MANAGEMENT COMPANY MISCELLANEOUS REQUESTS FORM**

1. Type of Change			
<input type="checkbox"/> Business Name Change (\$100 fee)	<input type="checkbox"/> Issue Duplicate Registration (\$10 Fee)		
<input type="checkbox"/> Business Physical Address Change	<input type="checkbox"/> Change Registration Status to Inactive (\$100 Fee)		
<input type="checkbox"/> Business Mailing Address Change	<input type="checkbox"/> Reactivate Registration (\$100 Fee + Prorated Registration Fee)		
<input type="checkbox"/> Business Phone Number Change	<input type="checkbox"/> Website Address Change		
<input type="checkbox"/> Business Fax Number Change	<input type="checkbox"/> Registration History / Letter of Good Standing (\$40 Fee)		
<input type="checkbox"/> Email Address Change			
2. Registration Number	3. Expiration Date	4. SSN of Subject Individual	
5. Name of Subject Individual (as it appears on registration)			
Last	First	Middle	
6. Business Name and Address of Record			
Name of Business		Number, Street and Suite Number	
City	County	State	Zip Code
<b>Mailing Address (if different):</b>			
7. New Business Name and Address of Record			
Name of Business		Number, Street and Suite Number	
City	County	State	Zip Code
<b>Mailing Address (if different):</b>			
8. New Business Phone Number	9. New Business Fax Number	10. New Email Address	
11. New Website Address			
12. Registration History / Letter of Good Standing			
Name and address of requesting agency. <u>Unless indicated otherwise we will mail directly to the requesting agency.</u>			
<b>Signature:</b>		<b>Date:</b>	