



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
REAL ESTATE APPRAISER COMMISSION
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1166
615-741-1831

APPRAISAL MANAGEMENT COMPANY
CHANGE OF INFORMATION

Current AMC Name _____

License Number _____

ADDRESS CHANGE INFORMATION (Check all that are applicable)

- MAILING ADDRESS PHYSICAL BUSINESS ADDRESS CONTROLLING PERSON ADDRESS

CHANGE TO:

Business Name/Controlling Person _____

PO Box _____

Street Address _____

Suite or Apartment Number _____

City _____

State _____

Zip Code _____

Website: _____

Phone Number _____ Fax _____

E-mail address 1 _____

E-mail address 2 _____

BUSINESS NAME CHANGE INFORMATION

Please submit supporting documentation

Previous Name _____

Current Name _____