



APPRAISAL MANAGEMENT COMPANY(AMC) CHANGE OF OWNER/PRIMARY CONTACT PERSON

(This form may be used to change owners/primary contact of an AMC)

REQUIRED FEES	AMOUNT	RECEIPT NUMBER	DATE RECEIVED
Paper Filing Fee	\$20.00		
DO NOT WRITE ABOVE THIS LINE MAKE CHECKS OR MONEY ORDERS PAYABLE TO: TALCB ALL INFORMATION MUST BE TYPED OR PRINTED IN INK. INCOMPLETE FORMS WILL NOT BE ACCEPTED.			

Note: No Fee Required to change owner/primary contact person online.

AMC INFORMATION

Full Legal Name of Appraisal Management Company _____ TALCB Registration No. _____

ADDITION OF OWNER (for each individual or business entity owning more than 10% of the AMC)

I hereby request that the person/business entity named below be added as a new owner of the AMC.

- Individual
- Business Entity

Name _____

Certification/License No.(if applicable) _____ State _____ Expiration Date _____

Business Street Address **OR** P.O. Box No. _____ Apt. or Suite _____

City _____ State _____ Zip Code _____ Telephone No. _____

Email address _____

The owner must sign and submit a separate Owner/Primary Contact Background History form.

TERMINATION OF OWNER (for each individual or business entity owning more than 10% of the AMC)

I certify that the person/business entity named below is no longer an owner of the AMC.

- Individual
- Business Entity

Name _____

Business Street Address or P.O. Box No. _____ Apt. or Suite _____

City _____ State _____ Zip Code _____ Telephone No. _____

Email address _____

NEW PRIMARY CONTACT

Primary contact must be one or more of the following:

- an owner, officer, or director of the AMC
- an individual employed, appointed, or authorized by the AMC to enter into a contractual relationship with other persons or entities for the performance of appraisal management services and to enter into agreements with appraisers for the performance of appraisals
- an individual who possesses, directly or indirectly, the power to direct or cause the direction of the management or policies of the AMC

I hereby request that the person below be named as the new primary contact for the AMC, replacing the primary contact currently of record for the AMC

Name

Business Street Address **OR** P.O. Box No. _____
Apt. or Suite

City _____
State _____
Zip Code _____
Telephone No.

Email address

The primary contact (check one):

is a certified appraiser _____
Certification # _____
State _____
Expiration Date

OR

has taken the 15-hour National USPAP course (please provide copy of certificate); and has taken the 7-hour National USPAP update course not more than 2 years before the AMC's last renewal.

The person named above must sign and submit a separate Owner/Primary Contact Background History form.

TERMINATION OF PRIMARY CONTACT (when no new primary contact is named)

Note: The AMC will be placed on inactive status upon termination of the primary contact when no new primary contact is named.

I hereby request that the person named below be removed as the primary contact for the AMC.

Name

Business Street Address **OR** P.O. Box No. _____
Apt. or Suite

City _____
State _____
Zip Code _____
Telephone No.

Email address

CERTIFICATION

I certify that I am authorized to sign this form on behalf of the AMC, that I have personally prepared this form and all supporting information and documentation, and that all such information given is true, correct and complete. If so requested by the Texas Appraiser Licensing and Certification Board (the "Board"), I will furnish all additional information or documentation as may be deemed necessary for the verification of the information provided. I authorize and consent to the Board conducting investigations of the new owner/primary contact and the matters addressed herein, as it deems necessary. I understand that information revealed in an investigation may be cause for the AMC to placed on inactive status, suspended or revoked if the new owner/primary contact does not qualify under Subchapter C of Texas Occupations Code Chapter 1104, even though other requirements for registration have been met. I acknowledge that any registration may be revoked if I provide false or misleading information to the Board. I further understand that information submitted in conjunction with this change of owner/primary contact form may become public record.

I certify that the AMC has reviewed each new entity owning more than 10% of the AMC and has verified that none are more than 10% owned by a person who has had a license or certificate to act as an appraiser denied, revoked, or surrendered in lieu of revocation and has not subsequently had a license or certification granted or reinstated.

This certification is made under penalty of perjury.

Signature of Person with Authority to sign on behalf of AMC

Date Signed

Typed or Printed Name

Position within AMC

PRIVACY NOTICE

Under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information.

- (1) With few exceptions, an individual is entitled on request to be informed about the information that a state governmental body collects about the individual.
- (2) The following notice about certain information, laws, and practices is given in accordance with Chapter 559, Texas Government Code.
- (3) Under Section 559.004 of the Government Code, the individual is entitled to have the governmental body correct information about the individual that is incorrect.