



# APPRAISAL MANAGEMENT COMPANY (AMC) CHANGE OF OWNER

P.O. Box 12188, Austin, Texas 78711-2188

FEES	DATE RECEIVED
NO FEE REQUIRED	
DO NOT WRITE ABOVE THIS LINE	

**ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.**

**AMC INFORMATION**

Full Legal Name of AMC \_\_\_\_\_

TALCB Registration No. \_\_\_\_\_

**ADDITION OF OWNER** The person or the business entity named below directly or indirectly owns more than 10% of the AMC.

Individual       Business Entity

Name \_\_\_\_\_

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

**TERMINATION OF OWNER** I certify that the person or the business entity named below no longer owns more than 10% of the AMC.

Individual       Business Entity

Name \_\_\_\_\_

Business Street Address OR P.O. Box No. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Has any AMC owner, in whole or in part, directly or indirectly, had an appraiser credential refused, denied, cancelled, surrendered in lieu of revocation, or revoked in any State?

Yes     No

**If YES, submit a complete written explanation and appropriate documentation such as final orders, etc.**

If yes to the above, was the license or certification reinstated?

Yes     No

**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 submitted a separate Owner/Primary Contact Background History form for each new individual or business entity who owns more than 10% of the AMC.

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

\_\_\_\_\_  
Title

**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.