



APPRAISAL MANAGEMENT COMPANY (AMC) REQUEST FOR ACTIVE STATUS

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

FEES	RECEIPT NUMBER	AMOUNT	MONEY TYPE	DATE RECEIVED
ACTIVE STATUS		\$50.00		

DO NOT WRITE ABOVE THIS LINE

**ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.
MAKE CHECKS OR MONEY ORDERS PAYABLE TO TALCB. FEES ARE NON-REFUNDABLE.**

In order to return from inactive status to active status, an AMC must comply with all requirements for active registration.

Full Legal Name of AMC (as it appears on registration) _____

TALCB Registration No. _____

<p>1. Has the AMC's Primary Contact changed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, submit the AMC Change of Primary Contact Form and the AMC Owner/Primary Contact Background History Form.</p>
<p>2. Has the AMC's Appraiser Contact changed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, submit the AMC Change of Appraiser Contact Form.</p>
<p>3. Have there been any changes to the AMC's ownership that add or remove a person or business entity owning over 10% of the AMC? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, submit the AMC Change of Ownership Form and the AMC Owner/Primary Contact Background History Form.</p>
<p>4. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, submit a complete written explanation and appropriate documentation such as final orders, etc.</p> <p>If yes to the above, was the license or certification reinstated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

CERTIFICATION STATEMENT

All information I have submitted in this form is true and correct. I understand that if I have furnished false or misleading information on this form, the registration may be revoked or other disciplinary action taken.

I understand that my registration is not active until TALCB issues an active registration.

Signature of Person with Authority to Sign on Behalf of AMC

Date Signed

Typed or Printed Name

Title

PRIVACY NOTICE

In accordance with Chapter 559, Government Code, the following notice about certain information laws and practices is given.

- (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) Under Sections 552.021 and 552.023 of the Governmental Code, the individual is entitled to receive and review the information.**
- (3) Under Section 559.004 of the Governmental Code, the individual is entitled to have the governmental body correct information about the individual that is incorrect.**