

## MATERIALS SUPPLEMENT

27. Discussion and possible action to approve changes to TALCB forms
  - a. Appraisal Management Company (AMC) Request for Active Status
  - b. Appraisal Management Company (AMC) Change of AMC Place of Business
  - c. Appraisal Management Company (AMC) Change of Designated In-State Agent Information
  - d. Appraisal Management Company (AMC) Change of Appraiser Information
  - e. Notice of DBA for an AMC
  - f. Change of Name for License Holder



**APPRAISAL MANAGEMENT COMPANY (AMC) REQUEST FOR ACTIVE STATUS**

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.**

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

TALCB Registration No.

**IN ORDER TO RETURN TO ACTIVE STATUS, REGISTRANT MUST HAVE A VALID PRIMARY CONTACT AND APPRAISER CONTACT.**

**Primary Contact Information: (must meet the definition of "controlling person" in Section 1104.003(b)(6) Texas Occupations Code)**

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

Name

Place of Business Address (may be a fixed street address OR a Post Office Box)

City

State

Zip Code

Phone Number

Fax Number

E-mail Address

**The Primary Contact: (check one)**

is a certified appraiser

Certification No.

State

Expiration Date

**OR**

has taken a 15-Hour National USPAP course (submit copy of course completion certificate)

**I hereby agree to serve as the primary contact for the AMC named above.**

Signature of Person with Authority to Sign on Behalf of AMC

Date Signed

Typed or Printed Name

Title

**Appraiser Contact Information: (must be a licensed or certified appraiser)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Certification/License No.

\_\_\_\_\_  
State

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Place of Business Address (may be a fixed street address OR Post Office Box)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

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

\_\_\_\_\_  
Email Address

**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.



**APPRAISAL MANAGEMENT COMPANY (AMC) CHANGE OF AMC PLACE OF BUSINESS**

FEES	RECEIPT NUMBER	AMOUNT	MONEY TYPE	DATE RECEIVED
CHANGE FEE		\$20.00		

DO NOT WRITE ABOVE THIS LINE

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

TALCB Registration No.

**AMC PLACE OF BUSINESS CURRENTLY ON FILE WITH TALCB**

Place of Business Address (must be a fixed street address, not a Post Office Box)

Apt. or Suite

City

State

Zip Code

Phone Number

**AMC NEW PLACE OF BUSINESS**

Place of Business Address (must be a fixed street address, not a Post Office Box)

Apt. or Suite

City

State

Zip Code

Phone Number

**I certify that the information provided on this form is true and correct.**

Signature of Person with Authority to Sign on Behalf of AMC

Date Signed

Typed or Printed Name

Title

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**APPRAISAL MANAGEMENT COMPANY (AMC) CHANGE OF DESIGNATED IN-STATE AGENT INFORMATION**

FEES	DATE RECEIVED
NO FEE REQUIRED	

DO NOT WRITE ABOVE THIS LINE

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

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

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

**DESIGNATION OF IN-STATE AGENT** (for an AMC not domiciled in Texas for service of process)

I hereby request that the person named below be designated as in-state agent for service of process for the AMC.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Place of Business Address (must be a fixed street address, not a Post Office Box)

\_\_\_\_\_  
Apt. or Suite

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

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

**TERMINATION OF IN-STATE AGENT** (for an AMC not domiciled in Texas for service of process)

I hereby request that the person named below be removed as in-state agent for service of process for the AMC.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Place of Business Address (must be a fixed street address, not a Post Office Box)

\_\_\_\_\_  
Apt. or Suite

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

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

**I certify that the information provided on this form is true and correct.**

\_\_\_\_\_  
Signature of Person with Authority to Sign on Behalf of AMC

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

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**APPRAISAL MANAGEMENT COMPANY (AMC) CHANGE OF APPRAISER CONTACT INFORMATION**

FEES	RECEIPT NUMBER	AMOUNT	MONEY TYPE	DATE RECEIVED
CHANGE FEE		\$20.00		

DO NOT WRITE ABOVE THIS LINE

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

TALCB Registration No.

**ADDITION OF APPRAISER CONTACT**

I hereby request that the appraiser named below be added as a new appraiser contact for the AMC.

Name

Certification/License No.

State

Expiration Date

Place of Business Address (may be a fixed street address OR a Post Office Box)

Apt. or Suite

City

State

Zip Code

Phone Number

Email Address

**TERMINATION OF APPRAISER CONTACT**

I hereby request that the appraiser named below be removed as an appraiser contact for the AMC.

Name

Certification/License No.

State

Expiration Date

Email Address

**I certify that the information provided on this form is true and correct.**

Signature of Person with Authority to Sign on Behalf of AMC

Date Signed

Typed or Printed Name

Title

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**NOTICE OF DBA FOR AN APPRAISAL MANAGEMENT COMPANY (AMC)**

FEES	DATE RECEIVED
NO FEE REQUIRED	

DO NOT WRITE ABOVE THIS LINE

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

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

TALCB Registration No.

**LIST EACH DBA OR ASSUMED NAME**

For each addition, AMC should maintain a copy of any documentation permitting the use of each name.

Add	Delete	Name	Statewide or by County or Counties
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**I certify that the information provided on this form is true and correct.**

\_\_\_\_\_  
Signature of Person with Authority to Sign on Behalf of AMC

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

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**CHANGE OF NAME FOR LICENSE HOLDER**

FEES	RECEIPT NUMBER	AMOUNT	MONEY TYPE	DATE RECEIVED
CHANGE FEE		\$20.00		

DO NOT WRITE ABOVE THIS LINE

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MAKE CHECKS OR MONEY ORDERS PAYABLE TO TALCB. FEES ARE NON-REFUNDABLE.**

- (1) THIS FORM MAY NOT BE USED IF THE FEDERAL IDENTIFICATION NUMBER (FEIN) HAS CHANGED.
- (2) IF THE OWNERSHIP STRUCTURE OF THE AMC HAS CHANGED GIVING AN INDIVIDUAL OR BUSINESS ENTITY MORE THAN 10% OWNERSHIP OF THE AMC, YOU MUST ALSO FILE TALCB FORM AMCOPB.

THIS CHANGE OF NAME IS FOR AN  APPRAISER  AMC

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Current Name \_\_\_\_\_

New Name (NOTE: Print or type name EXACTLY as it will appear on license) \_\_\_\_\_

**CONTACT INFORMATION**

Mailing Address (may be a fixed street address OR a Post Office Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

I certify that the information provided on this form and any attachments is true and correct.

**INDIVIDUALS**

Attach copy of documentation designating name change (Marriage License, Divorce Decree, Court Order, etc.)

\_\_\_\_\_  
Signature Date Signed

**BUSINESSES**

Attach copy of documentation designating name change (Articles of Incorporation, Certificate of Organization, etc.)

\_\_\_\_\_  
Printed Name of Authorized Representative Signature Date Signed

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