



**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.**