



## 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

**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.

**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

**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.