



APPRAISAL MANAGEMENT COMPANY (AMC) CHANGE OF CONTROLLING PERSON

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.

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

TALCB Registration No. _____

ADDITION OF CONTROLLING PERSON

I hereby request that the person(s) named below be added as controlling person(s) for the AMC.

Name

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

City

State

Zip Code

Phone Number

Email Address

Name

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

City

State

Zip Code

Phone Number

Email Address

TERMINATION OF CONTROLLING PERSON

I hereby request that the person(s) named below be removed as controlling person(s) for the AMC.

Name

Name

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.