



## APPRAISAL MANAGEMENT COMPANY (AMC) CHANGE OF OWNER/PRIMARY CONTACT PERSON

FEES	RECEIPT NUMBER	AMOUNT	MONEY TYPE	DATE RECEIVED
PAPER FILING 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.  
YOU CAN AVOID THE \$20 PAPER FILING FEE IF YOU CHANGE YOUR OWNER/PRIMARY CONTACT PERSON ONLINE.**

### AMC INFORMATION

Full Legal Name of AMC \_\_\_\_\_

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

**ADDITION OF OWNER** *(for each individual or business entity owning more than 10% of the AMC)*

**The owner must sign and submit a separate Owner/Primary Contact Background History form.**

I hereby request that the person/business entity named below be added as a new owner of the AMC.

Individual

Business Entity

Name \_\_\_\_\_

Certification/License No.(if applicable) \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Business Street Address OR P.O. Box No. \_\_\_\_\_

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

E-mail address \_\_\_\_\_

**TERMINATION OF OWNER** *(for each individual or business entity owning more than 10% of the AMC)*

I certify that the person/business entity named below is no longer an owner of the AMC.

Individual

Business Entity

Name \_\_\_\_\_

Business Street Address OR P.O. Box No. \_\_\_\_\_

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

E-mail address \_\_\_\_\_

**NEW PRIMARY CONTACT**  
(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.**

I hereby request that the person below be named as the new primary contact for the AMC, replacing the primary contact currently of record for the AMC.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Business Street Address OR P.O. Box No.

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

\_\_\_\_\_  
E-mail address

**The primary contact (check one):**

is a certified appraiser  
Certification # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

**OR**

has taken the 15-hour National USPAP course (please provide copy of certificate); and has taken the 7-hour National USPAP update course not more than 2 years before the AMC's last renewal.

**TERMINATION OF PRIMARY CONTACT** (when no new primary contact is named)

Note: The AMC will be placed on inactive status upon termination of the primary contact when no new primary contact is named.

I hereby request that the person named below be removed as the primary contact for the AMC.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Business Street Address OR P.O. Box No.

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

\_\_\_\_\_  
E-mail address

**CERTIFICATION**

I certify that I am authorized to sign this form on behalf of the AMC, that I have personally prepared this form and all supporting information and documentation, and that all such information given is true, correct and complete. If so requested by the Texas Appraiser Licensing and Certification Board (the "Board"), I will furnish all additional information or documentation as may be deemed necessary for the verification of the information provided. I authorize and consent to the Board conducting investigations of the new owner/primary contact and the matters addressed herein, as it deems necessary. I understand that information revealed in an investigation may be cause for the AMC to be placed on inactive status, suspended or revoked if the new owner/primary contact does not qualify under Subchapter C of Texas Occupations Code Chapter 1104, even though other requirements for registration have been met. I acknowledge that any registration may be revoked if I provide false or misleading information to the Board. I further understand that information submitted in conjunction with this change of owner/primary contact form may become public record.

I certify that the AMC has reviewed each new entity owning more than 10% of the AMC and has verified that none are more than 10% owned by a person who has had a license or certificate to act as an appraiser denied, revoked, or surrendered in lieu of revocation and has not subsequently had a license or certification granted or reinstated.

This certification is made under penalty of perjury.

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

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

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

\_\_\_\_\_  
Title

### **PRIVACY NOTICE**

Under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information.

- (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) The following notice about certain information, laws, and practices is given in accordance with Chapter 559, Texas Government Code.
- (3) Under Section 559.004 of the Government Code, the individual is entitled to have the governmental body correct information about the individual that is incorrect.