



APPRAISAL MANAGEMENT COMPANY (AMC) CHANGE OF PRIMARY CONTACT

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.

AMC INFORMATION

Full Legal Name of AMC TALCB Registration No.

NEW PRIMARY CONTACT *Select this option if the AMC is replacing the current primary contact. The primary contact must meet the definition of "controlling person" in Tex. Occ. Code. Sec. 1104.003(b)(6).*

Name

Business Street Address OR P.O. Box No.

The Primary Contact (check one):

is a certified appraiser _____ State _____ Expiration Date

OR Certification # _____

has taken the 15-hour National USPAP course (please provide copy of certificate)

The primary contact must submit a Owner/Primary Contact Background History form.

TERMINATION OF PRIMARY CONTACT *Select this option if the AMC is not naming a new primary contact. The AMC will be placed on inactive status upon termination of the primary contact if no new primary contact is named.*

Name

Business Street Address OR P.O. Box No.

_____ State _____ Zip Code _____ Phone Number

City

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 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 submitted a Owner/Primary Contact Background History form for the new Primary Contact.

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.