



# RENEWAL OF REGISTRATION AS AN APPRAISAL MANAGEMENT COMPANY (AMC)

P.O. Box 12188, Austin, Texas 78711-2188

| FEES  | RECEIPT NUMBER | AMOUNT                                    | MONEY TYPE | DATE RECEIVED |
|---|----------------|---|------------|---------------|
| TIMELY RENEWAL                                      |                | \$3,110 + (\$10.30 x number of panelists) |            |               |
| EXPIRED 90 DAYS OR LESS                             |                | \$4,655 + (\$10.30 x number of panelists) |            |               |
| EXPIRED MORE THAN 90 DAYS<br>BUT LESS THAN 6 MONTHS |                | \$6,200 + (\$10.30 x number of panelists) |            |               |

**DO NOT WRITE ABOVE THIS LINE**

**ALL INFORMATION MUST BE TYPED OR PRINTED IN INK. MAKE CHECKS OR MONEY ORDERS PAYABLE TO TALCB. THE AMOUNT ABOVE INCLUDES A \$20 PAPER FILING FEE THAT YOU CAN AVOID IF YOU RENEW ONLINE. PANELIST FEES MUST BE PAID FOR ALL PANELISTS ON YOUR ACCOUNT. YOU MAY REMOVE A PANELIST ONLINE OR ON A TERMINATION OF PANELIST FORM PRIOR TO RENEWAL WITH THE APPROPRIATE FEE. FEES ARE NON-REFUNDABLE.**

|   |  |                                  |  |  |
|---|--|----------------------------------|--|--|
| <b>1. Full Legal Name of AMC:</b><br><hr/>  |  |                                  |  |  |
| <b>2. Assumed Business Name or DBA (if any):</b><br><hr/>   |  |                                  |  |  |
| <b>3. TALCB Registration Number:</b> _____  |  | <b>4. Expiration Date:</b> _____ |  |  |
| <b>5. Place of Business Address: (must be a fixed street address, not a Post Office Box)</b><br><hr/> Number, Street and Suite No.<br><hr/> City _____ State _____ Zip Code _____ Phone Number _____  |  |                                  |  |  |
| <b>6. Primary Contact Information: (must meet the definition of "controlling person" in Section 1104.003(b)(6) Texas Occupations Code)</b><br>The Primary Contact must sign and submit a separate Owner/Primary Contact Background History Form.<br><hr/> Name _____<br><hr/> Number, Street and Suite No. _____ City _____ State _____ Zip Code _____<br><hr/> Phone Number _____ E-mail Address _____ |  |                                  |  |  |
| <b>7. The Primary Contact: (check one)</b><br><input type="checkbox"/> is a certified appraiser _____<br><div style="text-align: center;">Certification No. _____ State _____ Expiration Date _____</div> <b>OR</b><br><input type="checkbox"/> has taken a 7-Hour National USPAP Update course within two years of AMC renewal<br>(submit copy of course completion certificate)                       |  |                                  |  |  |

**8. Owner Information: (for each individual or business entity owning more than 10% of AMC)**

Space is provided for two owners. Attach an additional copy of this page if there are more than two owners of more than 10% .

Individual

- *Submit a separate Owner/Primary Contact Background History form.*

Business Entity

- *Submit a separate Owner/Primary Contact Background History form.*
- *Attach a copy of the business formation documents showing the ownership structure of the business entity.*
- *If the Business Entity has multiple owners, calculate % ownership for each Business Entity Owner:*

*A is the Business Entity's % ownership of the AMC and B is the Business Entity Owner's % ownership of the Business Entity;  
If C is > 10%, then the Business Entity Owner must also submit a separate Owner/Primary Contact Background History form.*

Business Entity Owner #1 \_\_\_\_\_ A:  X B:  = C:

Business Entity Owner #2 \_\_\_\_\_ A:  X B:  = C:

Business Entity Owner #3 \_\_\_\_\_ A:  X B:  = C:

\_\_\_\_\_ % Ownership of AMC

\_\_\_\_\_  
Name

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Phone Number

Individual

- *Submit a separate Owner/Primary Contact Background History form.*

Business Entity

- *Submit a separate Owner/Primary Contact Background History form.*
- *Attach a copy of the business formation documents showing the ownership structure of the business entity.*
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*A is the Business Entity's % ownership of the AMC and B is the Business Entity Owner's % ownership of the Business Entity;  
If C is > 10%, then the Business Entity Owner must also submit a separate Owner/Primary Contact Background History form.*

Business Entity Owner #1 \_\_\_\_\_ A:  X B:  = C:

Business Entity Owner #2 \_\_\_\_\_ A:  X B:  = C:

Business Entity Owner #3 \_\_\_\_\_ A:  X B:  = C:

\_\_\_\_\_ % Ownership of AMC

\_\_\_\_\_  
Name

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Phone Number

**9. Appraiser Contact Information: (must be a licensed or certified appraiser)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Certification/License No.

\_\_\_\_\_  
State

\_\_\_\_\_  
Expiration Date

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**10. Additional Controlling Person(s): (must meet the definition of "controlling person" in Section 1104.003(b)(6) Texas Occupations Code)**

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

**11.** Since registration or the last renewal, has the AMC (1) had any professional or occupational license or certification suspended, canceled or revoked; (2) voluntarily surrendered any professional or occupational license; (3) received a reprimand, warning letter, or disciplinary action; or (4) had an application for such denied in Texas or any other state?  Yes  No

**If YES, submit a complete written explanation and appropriate documentation such as final orders, etc.**

**12.** Are there any pending complaints, investigations, or disciplinary hearings against any professional or occupational licenses held by the AMC?  Yes  No

**If YES, submit a complete written explanation and appropriate documentation such as final orders, etc.**

**13.** Since registration or the last renewal, has the AMC (1) been convicted of or pleaded *nolo contendere* to a criminal offence (Include **ALL** felonies and misdemeanors); (2) been placed on probation, community supervision, or deferred adjudication; or (3) are there any criminal charges pending against the AMC?  Yes  No

**If the answer to (1), (2), or (3) is YES, submit copies of all indictments, information, judgments, orders and charges, and a written explanation.**

**14.** Since registration or the last renewal, has the AMC had a civil judgment rendered against it, or are there any civil suits pending against it?  Yes  No

**If YES, submit a complete written explanation and copies of all petitions and judgments.**

**IRREVOCABLE CONSENT TO SERVICE OF PROCESS**

I do hereby irrevocably make, constitute, and appoint the Commissioner of the Texas Appraiser Licensing and Certification Board and its successors as my agent, for and in the State of Texas, upon whom service in a legal proceeding arising out of my activities as an appraisal management company may be made, if the plaintiff in the action cannot, in the exercise of due diligence, effect personal service on the AMC through the AMC's agent in Texas. Service of process upon the Commissioner shall be deemed valid personal service upon the AMC pursuant to applicable Texas law. I understand that the AMC has a legal duty to keep the Board informed of its current address. I understand that if and when the Commissioner is served with process, the notice will be forwarded to the primary contact at the current address provided on record with the Board. I also understand that if I fail to notify the Board of any changes, I may not receive notice of legal proceeding against the AMC.

**If the AMC is not domiciled in Texas, the AMC must list a legally authorized agent to accept service of process in Texas below:**

\_\_\_\_\_  
Agent for Service of Process

\_\_\_\_\_  
Business Street Address (must be a fixed street address, not a Post Office Box)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

**CERTIFICATION STATEMENT**

I certify that I am authorized to sign this form on behalf of the AMC, that I have personally prepared this form and all information is true, complete and correct. If so requested by TALCB, I will furnish all additional information or documentation as may be deemed necessary for the verification of information provided. I authorize and consent to TALCB conducting investigations of any individual or entity owning more than 10% of the AMC and the primary contact. 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 owners or primary contact do not qualify under Subchapter C of Texas Occupations Code 1104, even though other requirements for renewal 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 renewal may be subject to public disclosure or inspection in accordance with the Public Information Act (Chapter 552, Government Code).

I certify that the AMC has reviewed each individual or business entity who owns an interest in the AMC and has verified that no individual or business entity who owns an interest in the AMC has had a license or certification to act as an appraiser denied, revoked, or surrendered and has not subsequently had the license or certification to act as an appraiser granted or reinstated.

I certify that the AMC has submitted a separate Owner/Primary Contact Background History form for each individual or business entity who owns more than 10% of the AMC. I certify that the AMC has a system in place to ensure compliance with Subchapter D and Section 129E of the Truth in Lending Act (15 U.S.C. Section 1601 et seq.). If the AMC is a corporation, LLC or partnership (entity), I certify that the entity is in compliance with all statutes, rules and regulations required of it to conduct business in the State of Texas. I agree that the Board may send all notices and communications concerning this registration to the e-mail address of the Primary Contact on file with the Board.

I understand that the AMC's registration is not renewed until TALCB reissues my registration.

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

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

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

\_\_\_\_\_  
Title

**Be certain that your renewal application:**

- \* Is complete - incomplete renewals cannot be processed and will be returned
- \* Is signed and dated
- \* Is postmarked no later than the expiration date
- \* Includes original, signed Owner/Primary Contact Background History forms for all required individuals and entities
- \* Includes copies of course completion document(s) for this renewal
- \* Includes copies of required documents for any "YES" answers

**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.