



# CHANGE OF NAME FOR LICENSE HOLDER

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.**

- (1) THIS FORM MAY NOT BE USED IF THE FEDERAL IDENTIFICATION NUMBER (FEIN) HAS CHANGED.  
 (2) IF THE OWNERSHIP STRUCTURE OF THE AMC HAS CHANGED GIVING AN INDIVIDUAL OR BUSINESS ENTITY MORE THAN 10% OWNERSHIP OF THE AMC, YOU MUST ALSO FILE TALCB FORM AMCOPB.

THIS CHANGE OF NAME IS FOR AN  APPRAISER  AMC

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Current Name \_\_\_\_\_

New Name (NOTE: Print or type name EXACTLY as it will appear on license) \_\_\_\_\_

## CONTACT INFORMATION

Mailing Address (may be a fixed street address OR a Post Office Box) \_\_\_\_\_

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

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

**I certify that the information provided on this form and any attachments is true and correct.**

### INDIVIDUALS

Attach copy of documentation designating name change (Marriage License, Divorce Decree, Court Order, etc.)

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

### BUSINESSES

Attach copy of documentation designating name change (Articles of Incorporation, Certificate of Organization, etc.)

\_\_\_\_\_  
Printed Name of Authorized Representative Signature Date Signed

### 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.