



CHANGE OF NAME FOR LICENSE HOLDER

FEES	RECEIPT NUMBER	AMOUNT	MONEY TYPE	DATE RECEIVED
CHANGE 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.

- (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.