



APPRAISAL MANAGEMENT COMPANY NOTIFICATION OF CHANGE FORM

State of Utah
Department of Commerce
Division of Real Estate

AMC Information (currently on file)

1. AMC Name		
2. DBA (if any)		
3. AMC Registration Number		
4. Business Email		5. Business Phone Number
6. Business Address		
Street Address		
City	State	Zip Code
7. Mailing Address		
Street Address (or P.O. Box)		
City	State	Zip Code

AMC Information to Be Changed (Check and complete section for all that apply)

Type of Change Requested	
<input type="checkbox"/> 1. AMC Address/Contact Information Change	<input type="checkbox"/> 2. Change of Registered Agent
<input type="checkbox"/> 3. Add/Remove Controlling Persons	<input type="checkbox"/> 4. New Employees (who select appraisers or review appraisals)
<input type="checkbox"/> 5. Company Name Change/DBA Change	

1. Changes to AMC Address/Contact Information

A copy of the following are required for Business Address Changes

- Surety bond rider with updated address
- Copy of "Certificate of Existence" from Utah Division of Corporations with updated address

Check boxes to indicate fields that are being changed

<input type="checkbox"/> Business Email		<input type="checkbox"/> Business Phone Number
<input type="checkbox"/> Business Address (Please include forms listed above)		
Street Address		
City	State	Zip Code
<input type="checkbox"/> Mailing Address		
Street Address (or P.O. Box)		
City	State	Zip Code

2. Change of Registered Agent (Person authorized as the AMC's registered agent for service of process within Utah)

Check boxes to indicate fields that are being changed

Type of Change	<input type="checkbox"/> New Registered Agent		<input type="checkbox"/> Update information for existing Registered Agent	
<input type="checkbox"/> Name				
Last		First		Middle Initial
<input type="checkbox"/> Address (<i>P.O. Box not allowed</i>)				
Street Address				
City		State	Zip Code	
<input type="checkbox"/> Business Phone		<input type="checkbox"/> Personal Phone		
<input type="checkbox"/> Email Address				

3. Control Person Changes (Addition or Removal – 10% or more owners)

New Control Person or Main Control Person Application including background checks are required for all new control persons

Add	Remove	Name	Application and Fee Included
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

4. New Employees (Those who select appraisers for panel or review appraisals, who weren't included in most recent reporting)

For those licensed as appraisers, please include copy of appraisal license (any state). Those that are unlicensed, please include proof of completing 15 Hour USPAP Course (AQB Approved).

Select Appraisers	Review Appraisals	Name	Copy of Appraiser License or USPAP Cert Included
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

5. Company Name Change

A copy of the following are required for Name Changes

- Surety bond rider with updated company name (and/or DBA)
- Copy of "Certificate of Existence" from Utah Division of Corporations with updated company name (and/or DBA)

Check boxes to indicate fields that are being changed

<input type="checkbox"/> AMC Name
<input type="checkbox"/> DBA (if any)

I certify that the changes included in this AMC Notification of Change Form are accurate and that all required documentation is included with this notification.

Main Control Person Signature _____ Date _____