

# STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS

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**Mailing Address:**  
 State Board of Certified Real Estate Appraisers  
 PO Box 2649  
 Harrisburg, PA 17105-2649

**Courier Address:**  
 State Board of Certified Real Estate Appraisers  
 2601 North Third Street  
 Harrisburg, PA 17110

## APPRAISAL MANAGEMENT COMPANY CHANGE OF NAME AND/OR ADDRESS APPLICATION

**CHECK THE APPROPRIATE BLOCK(S) AND COMPLETE THE REQUESTED INFORMATION**

**CHANGE OF NAME:**

Submit your approved documentation from the Pennsylvania Bureau of Corporations and Charitable Organizations

- Foreign corporation submit - Amended Certificate of Authority
- Domestic corporation submit – Articles of Amendment
- Domestic Limited Liability Company submit – Amendment To A Certificate of Organization
- Foreign Limited Liability Company submit – Amendment To The Foreign Registration

**CHANGE OF ADDRESS:**

Complete the information below

**REQUEST FOR A DUPLICATE LICENSE:**

If you would like a new printed registration, submit a \$5.00 fee, check or money order, payable to the "Commonwealth of PA." **A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.**

**SECTION 1: APPLICANT INFORMATION**

*PLEASE PRINT OR TYPE*

<b>FORMER NAME:</b>		
<b>REGISTRATION NUMBER:</b>		
<b>NEW NAME:</b>		
<b>MAILING ADDRESS:</b>	<b>STREET</b>	
	<b>CITY</b>	
	<b>STATE</b>	<b>ZIP</b>
<b>EMAIL ADDRESS:</b>		
<b>CONTACT NUMBERS:</b>	<b>TELEPHONE</b> _____	<b>FAX</b> _____
	<b>HAVE THERE BEEN ANY CHANGES IN OWNERSHIP OR KEY PERSONS SINCE INITIAL REGISTRATION?</b>	<b>YES</b> _____
<b>HAVE ALL CHANGES IN OWNERSHIP AND KEY PERSON BEEN PREVIOUSLY REPORTED TO THE BOARD?</b>	<b>YES</b> _____	<b>NO</b> _____
		<b>IF NO, SUBMIT CHANGE OF OWNERSHIP OR CHANGE OF KEY PERSON APPLICATION</b>

**SECTION 2: SECONDARY INFORMATION**

1. STATE OR PLACE OF INCORPORATION OR ORGANIZATION	
2. IF NOT AN INDIVIDUAL AND INCORPORATED OR OTHERWISE FORMED UNDER THE LAWS OF A JURISDICTION OTHER THAN THE COMMONWEALTH OF PENNSYLVANIA, ALSO SUBMIT DOCUMENTATION THAT STATES YOU ARE AUTHORIZED TO TRANSACT BUSINESS IN THIS COMMONWEALTH.	
3. FICTITIOUS NAME, IF ANY	
4. WEBSITE ADDRESS	
5. FAX NUMBER	
6. LIST EACH STATE OR JURISDICTIONS IN WHICH APPLICANT IS REGISTERED AS AN APPRAISAL MANAGEMENT COMPANY. ATTACH SEPARATE PAGE, IF NEEDED	
7. MONTH AND YEAR APPLICANT BEGAN OFFERING APPRAISAL MANAGEMENT SERVICES IN PENNSYLVANIA.	

**SECTION 3: CERTIFICATION STATEMENT**

<p>BY SIGNING BELOW, I VERIFY THAT THIS FORM IS IN THE ORIGINAL FORMAT AS SUPPLIED BY THE DEPARTMENT OF STATE AND HAS NOT BEEN ALTERED OR OTHERWISE MODIFIED IN ANY WAY. I AM AWARE OF THE CRIMINAL PENALTIES FOR TAMPERING WITH PUBLIC RECORDS OR INFORMATION PURSUANT TO 18 Pa. C.S.§49.11.</p>	
<p>ADDITIONALLY, I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND THAT I AM OF GOOD MORAL CHARACTER. I UNDERSTAND THAT ANY FALSE STATEMENT MADE IS SUBJECT TO THE PENALTIES OF 18 Pa. C.S.§4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES AND MAY RESULT IN THE SUSPENSION OR REVOCATION OF MY LICENSE OR CERTIFICATE.</p>	
COMPLIANCE PERSON SIGNATURE _____	DATE _____