



Georgia Real Estate Commission Georgia Real Estate Appraisers Board

229 Peachtree Street NE
Suite 1000 - International Tower
Atlanta, GA 30303-1605
Phone: 404-656-3916
www.grec.state.ga.us

Appraisal Management Company Change Application

This form can be filled out on-line. Print TWO copies: one to sign and submit for processing and one for your records. If a fee and/or documentation are required, attach to the application and mail to the address above. Once the completed application, including all supporting documents, is received it will be processed within 15 business days. An application that requires a background investigation may require considerable additional time to process. Incomplete applications will be returned unprocessed and result in a \$25.00 charge.

- Complete sections **A** and **F**, for all applications.
- Complete section **B, C, D**, if needed
- Changes greater than 30 days must include a \$25.00 fee

Section A Company Information

Company Name Registration Number

Controlling Person

Section B Company Address Change

Business Address

City State Zip Code

County Business Phone Number

Mailing Address

City State Zip Code

County Alternate Phone Number

E-mail

FOR OFFICE USE ONLY

Rec Dt	Rec By	Fee	Proc By	Proc Dt	Codes	Inv	Reg
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Section C

Company Name Change

Company Name

NOTE: List the Company Name under which you will now be conducting business in the state of Georgia.

Section D

Surety Bond Change

Each Appraisal Management Company must provide proof of financial responsibility in the form of :
A Surety Bond of not less than \$20,000 coverage.

PROVIDE THE FOLLOWING INFORMATION FOR THE SURETY BOND
Under Which the Company is now covered:

Institution Name

Bond Number

Section F

Certifications

I hereby authorize a representative of the Georgia Real Estate Commission to periodically obtain and receive any criminal history record information and/or full lifetime driver history record information pertaining to me which may be in the files of any federal, state, or local criminal justice agency.

I hereby certify the information provided in this application is true to the best of my knowledge and belief.

Controlling Person Signature

Date