Georgia Real Estate Commission
Georgia Real Estate Appraisers Board

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Atlanta, GA 30303-1605
Phone: 404-656-3916
Fax: 404-656-6650
www.grec.state.ga.us
Email: grecmail@grec.state.ga.us

Appraiser Change Application

This form can be filled out online. Print TWO copies: one to sign and submit for processing and one for your records. If a fee and/or documentation is required, attach to the application and mail to the address above. Incomplete applications will be returned unprocessed and result in a $25.00 charge. Contact information may also be changed online at www.grec.state.ga.us.

Section A — Appraiser Information

Appraiser Name: _____

Classification Number: _____

Section B — Change Request

Email: _____

Residence Address: _____
City: _____ State: ____ Zip Code: _____
County: _____ Phone Number: _____

Business Address: _____
City: _____ State: ____ Zip Code: _____
County: _____ Phone Number: _____ Fax: _____

Mailing Address: _____
City: _____ State: ____ Zip Code: _____
County: _____ Alternate Phone Number: _____

- [ ] **Activate my Classification -** *Any required continuing education courses must be posted to your record.*
- [ ] **Inactivate my Classification**
- [ ] **Change my Name**   Print New Name: _____   *Use this name to sign Section D of this application*
- [ ] **Send a replacement wall certificate and pocket card**
- [ ] **Classification Holder is deceased -** *Attach a copy of the obituary or death certificate.*

Section C — Certification

I hereby authorize a representative of the Georgia Real Estate Appraisers Board 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.

If activating my classification, I hereby agree not to engage in, conduct, advertise, or hold myself out as engaging in or conducting the business of a state real estate property appraiser in Georgia until I receive my wall certificate.

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

Appraiser Signature: _____   Date: _____

FOR OFFICE USE ONLY

Rec Dt	Rec By	Fee	Proc By &Proc Date	Codes	INV	LIC#