



West Virginia Real Estate Appraiser Licensing and Certification Board

Mailing Address
PO Box 40267
Charleston, WV 25364

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Website: www.appraiserboard.wv.gov

APPRAISAL MANAGEMENT COMPANY MISCELLANEOUS REQUEST FORM

Please type or print clearly in ink. Check all appropriate boxes. Change of Contact, Controlling Person and Owner require completion of additional forms. **Mail completed form and payment to WVAB, PO Box 40267; Charleston, WV 25364.**

Type of Change Requested:	
<input type="checkbox"/> Business Name Change, \$100	<input type="checkbox"/> Certificate of Good Standing, \$25 per certificate
<input type="checkbox"/> Business Physical/Mailing Address Change, \$100	<input type="checkbox"/> Duplicate Wall Registration, \$25
<input type="checkbox"/> Change of Contact Person, \$100	<input type="checkbox"/> Business Phone Number Change
<input type="checkbox"/> Change of Controlling Person, \$100	<input type="checkbox"/> Business Fax Number Change
<input type="checkbox"/> Change of 50% Owner, \$200	<input type="checkbox"/> Email Address Change
	<input type="checkbox"/> Website Address Change

Registration No: _____

Name of Subject Individual (as it appears on registration)

Last Name: _____ First: _____ Middle: _____

Business Name and Address of Record

Name of Business: _____ Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____

New Business Name and Address of Record

Name of Business: _____ Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____

New Business Phone: _____ New Business FAX: _____

New Business Email: _____ New Business Website: _____

Certificate of Good Standing: Name and address of requesting agency. Unless otherwise indicated, certificate will be mailed directly to the requesting agency. Please attach sheets if additional room is needed.

Signature: _____ Date: _____

OFFICE USE ONLY	Deposit Number:	
Date Received:	Amount:	
	Database:	