



West Virginia Real Estate Appraiser Licensing and Certification Board

405 Capitol Street
Suite 906
Charleston, WV 25301

Phone: 304-558-3919
Fax: 304-558-3983
E-Mail: wvappraiserboard@wv.gov
Website: www.appraiserboard.wv.gov

APPRAISER/APPRENTICE INFORMATION CHANGE REQUEST

Application must be legible. Please type or print clearly in ink. Complete form in its entirety. Check all appropriate boxes. Mail completed form to **WVAB, 405 Capitol Street, Suite 906, Charleston, WV 25301.**

Type of Change Requested:

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Business Address | <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Name |
| <input type="checkbox"/> Business Name | <input type="checkbox"/> E-Mail | <input type="checkbox"/> Residence Address |
| <input type="checkbox"/> Business Phone | <input type="checkbox"/> FAX | <input type="checkbox"/> Residence Phone |

If requesting name change, please attach a certified copy of marriage certificate, relevant portions of court order related to name change, or other legal documents supporting name change. If a new pocket card is needed please fill out a Misc. Request.

License or Certification No: _____ **Social Security:** _____

Name as it Appears on License

Last Name: _____ First: _____ Middle: _____

New Name

Last Name: _____ First: _____ Middle: _____

New Residence Address

Residence Street: _____

City: _____ State: _____ ZIP: _____

New Residence Phone: _____ **New Cell Phone:** _____

New Business Name: _____

New Business Address

Business Street: _____

City: _____ State: _____ ZIP: _____

New E-Mail: _____

New Business Phone: _____ **New FAX:** _____

For Roster and Mailing Purposes, Please Choose One: Residence Information Business Information

I certify that I am requesting the above change(s) be made to my permanent file.

Printed Name of Applicant _____

Signature of Applicant _____

Date _____

OFFICE USE ONLY

- Date Received
- Database