



# West Virginia Real Estate Appraiser Licensing and Certification Board

**Mailing Address**  
PO Box 40267  
Charleston, WV 25364

Phone: 304.558.3919  
FAX: 304.558.3983  
Email: wvappraiserboard@wv.gov  
Website: www.appraiserboard.wv.gov

## APPRAISAL MANAGEMENT COMPANY MISCELLANEOUS REQUEST

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.** THE BOARD OFFICE CANNOT ACCEPT DELIVERY OF FEDERAL EXPRESS, UPS OR OTHER DELIVERY SERVICES.

<b>Type of Change Requested:</b>	<input type="checkbox"/> Certificate of Good Standing, \$25 per certificate	Delinquent Fees:
<input type="checkbox"/> Business Name Change, \$100	<input type="checkbox"/> Duplicate Wall Registration, \$25	<input type="checkbox"/> Late Fee, \$250 1 Month
<input type="checkbox"/> Business Physical/Mailing Address Change, \$100	<input type="checkbox"/> Business Phone Number Change, no charge	<input type="checkbox"/> Late Fee, \$500 2 Months
<input type="checkbox"/> Change of Contact Person, \$100	<input type="checkbox"/> Business Fax Number Change, no charge	<input type="checkbox"/> Late Fee, \$750 3 Months
<input type="checkbox"/> Change of Controlling Person, \$100	<input type="checkbox"/> Email Address Change, no charge	
<input type="checkbox"/> Change of 50% Owner, \$200	<input type="checkbox"/> Website Address Change, no charge	

**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.

Please note: Submit name and Date of Birth of new controlling person for background check via email.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	<b>Deposit Number:</b>		
<b>Date Received:</b>	<b>Amount:</b>	<b>Check Number:</b>	
	<b>Database:</b>		