



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: <https://appraiserboard.wv.gov>

APPRAISAL MANAGEMENT COMPANY MISCELLANEOUS REQUEST

Please type or print clearly in ink. Check all appropriate boxes. Change of Contact Person, Controlling Person, and/or Owner of more than ten percent (10%) of the Appraisal Management Company require completion of additional forms found on the WVREALCB website. Mail completed form and payment to WVAB, PO Box 40267, Charleston, WV 25364. The Post Office Box will not accept delivery of FedEx, UPS, or other delivery services. Use US Postal Services only.

Type of Change Requested:	<input type="checkbox"/> Certificate of Good Standing: \$25 per certificate	Delinquent Fees:
<input type="checkbox"/> Business Name Change: \$100	<input type="checkbox"/> Duplicate Registration: \$25	<input type="checkbox"/> Late Fee: \$250 1Month
<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 Owner of more than 10%: \$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: Provide 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.

To request a background check, submit Full Name and Date of Birth of new controlling person to: wvappraiserboard@wv.gov

Signature: _____ Date: _____

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

Revised 4.14.2022