



West Virginia Real Estate Appraiser Licensing and Certification Board

**Mail to the following Mailing Address via
USPS only:**
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 fifty percent (50%) of the Appraisal Management Company require completion of additional forms attached to this application.

Please send only that which is necessary for request. Additional forms not relevant to the request may be discarded.

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

To request a background check, submit Full Name and Date of Birth of New Controlling Person or Owner to the below email address: wvappraiserboard@wv.gov

Signature: _____ Date: _____

OFFICE USE ONLY	Deposit Number:		
Date Received:	Amount:	Check Number:	
Date Paid:	Database:		
			Revised 04.17.2024