



BREA USE ONLY
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## APPRAISAL MANAGEMENT COMPANY (AMC) CHANGE NOTIFICATION AND MISCELLANEOUS REQUESTS

*Please note that all changes requested on this form must be approved and certified by the Designated Officer of the AMC.  
 The Designated Officer (or new Designated Officer) **must** sign PART III: Change and Request Declaration (top of page 5)*

- Type or print clearly in blue or black ink and provide an original signature.
  - All fees paid must be paid by pre-printed personal check, company check, cashier's check, certified check, money order, or credit card (see form REA 2030 to pay by credit card).
  - By statute, all fees submitted are deemed earned upon receipt.
  - Check all boxes that are applicable.
  - Complete all information requested for each box checked.
- Please refer to <http://www.brea.ca.gov/html/LicensingFees.html> for current license application fees.
  - If you have any questions, please write to the address listed or call (916) 552-9000.
  - Mail completed application, fees and qualifying documentation to:  
**BUREAU OF REAL ESTATE APPRAISERS**  
~~4102 Q Street, Suite 4100~~**3075 Prospect Park Drive, Suite 190**  
**Sacramento, CA 95811** ~~Rancho Cordova, CA 95670~~

### Part I: AMC Information (Information presently on file with the BRE A)

1. Name of AMC		2. AMC Certificate Number	
3. Mailing Address (Address of Record)			
Address			
City		State	Zip Code
4. Business Telephone Number	5. Business Fax Number (optional)	6. Business Email Address (optional)	

### Part II: Information to Be Changed or Requested

Type of Change			
<input type="checkbox"/> AMC Information Change	<input type="checkbox"/> Add/Remove Controlling Person	<input type="checkbox"/> Designated Officer Change	\$10
<input type="checkbox"/> AMC DBA Name Change      \$10	<input type="checkbox"/> Change Information to Controlling Person	<input type="checkbox"/> Certificate of Good Standing	\$15
<input type="checkbox"/> Issue Duplicate Certificate      \$50	<input type="checkbox"/> Change Agent for Service of Process	<input type="checkbox"/> Letter of License History	\$40

#### 1. Changes to AMC Information.

▼ Check boxes to indicate fields that are being changed

<input type="checkbox"/> 1. Name <input type="checkbox"/> Legal <input type="checkbox"/> DBA			
<input type="checkbox"/> 2. Mailing Address (Address of Record)			
Address			
City		State	Zip Code
3. Business Telephone Number	4. Business Fax Number (optional)	5. Business Email Address (optional)	
6. Type of AMC			

- Single State with a panel of more than 15 appraisers     Multi-state with a panel of 25 or more appraisers in two or more states

**2. Change for Agent for Service of Process**

*This section is to be completed if the AMC is not domiciled in California. Provide the name and contact information for the person or entity authorized as the AMC agent for service of process within California. This agent for service of process must complete the declaration below and have this document notarized prior to submittal.*

Type of Change			
<input type="checkbox"/> New Agent for Service of Process		<input type="checkbox"/> New Information for Existing Agent for Service of Process	
1. Name			
Last	First	M.I.	
2. Title			
3. Mailing Address			
Address			
City		State	Zip Code
4. Business Telephone Number	5. Business Fax Number (optional)	6. Business Email Address (optional)	

I, \_\_\_\_\_ (name), am authorized to act as Agent for service of process in the State of California on behalf of \_\_\_\_\_ (name of AMC), an entity organized and existing under the laws of the State of \_\_\_\_\_ current resident state), for purposes of \_\_\_\_\_'s (name of AMC) operation as a valid AMC in accordance with California law under Certificate of Registration No. \_\_\_\_\_ (AMC Certificate Number), including all rights and obligations associated therewith, and I do hereby certify:

The complete address within California whereby I, on behalf of \_\_\_\_\_ (name of AMC) may be served with process by the Chief of the Bureau of Real Estate Appraisers or his/her designee is as follows:

Address		
City	State	Zip Code

IN WITNESS WHEREOF, I, \_\_\_\_\_ (Agent Name for service of process) have subscribed my name hereto this \_\_\_\_\_ (day) day of \_\_\_\_\_ (month), \_\_\_\_\_ (year) at \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_, County of \_\_\_\_\_,

On \_\_\_\_\_, before me, \_\_\_\_\_ (insert name and title of the officer), personally appeared, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

\_\_\_\_\_  
Signature  
(Seal)

**3. Controlling Person(s) Changes**

**Addition and Removal of Controlling Person(s)**

List the name of each “Controlling Person” of the AMC that is being added or removed for the AMC.

Note: A separate “Appraisal Management Company (AMC) Controlling Person Application” (REA 5002) form and fees must be included for each Controlling Person that is being added.

<input type="checkbox"/> Add <input type="checkbox"/> Remove	1.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	3.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	7.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	8.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	9.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	10.

**Information Change for an Existing Controlling Person**

▼ Check boxes to indicate fields that are being changed

<input type="checkbox"/> 1. Controlling Person’s Name			
Last	First	M.I.	
<input type="checkbox"/> 2. Controlling Person’s Title or Position			
<input type="checkbox"/> 3. Mailing Address			
Address		State	Zip Code
City			
<input type="checkbox"/> 4. Residence Telephone Number			
<input type="checkbox"/> 5. Email Address (optional)			

**4. Change of Designated Officer**

**List the name of the new Designated Officer**

**Note: A separate "Appraisal Management Company (AMC) Controlling Person Application" (REA 5002) form and fees must be included for the Designated Officer to be added unless BRE has an approved Form REA 5002 on file for the new Designated Officer.**

1. New Designated Officer's Name		
Last	First	M.I.
2. New Designated Officer's Social Security/Individual Taxpayer ID Number		Does the new Designated Officer currently hold, or have they ever held a California Real Estate Appraiser License?
		License No. <input type="checkbox"/> Yes <input type="checkbox"/> No

I, \_\_\_\_\_ (name of the new Designated Officer), certify under penalty of perjury in accordance with California law, that I am the Designated Officer and duly authorized as such and understand and agree, individually and on behalf of \_\_\_\_\_ (name of AMC), to abide by all federal and California laws applicable to appraisal management companies receiving and maintaining a Certificate of Registration under California law. In addition, I certify that \_\_\_\_\_ (name of AMC) is legally formed pursuant to the applicable state law and, further, that \_\_\_\_\_ (name of AMC) shall comply with all California laws as necessary in order to validly operate in California. I declare under penalty of perjury in accordance with California law that I am 18 years of age or older and that the foregoing information and information provided on all attachments is true and correct and that I have answered each question fully and truthfully and without any purpose of evasion or mental reservation. I understand that providing false information is grounds for denial or revocation of any certificate of registration and may subject me to disciplinary action and/or criminal prosecution and punishment by imprisonment in state prison for 2, 3 or 4 years pursuant to Penal Code section 126.

I also certify, under penalty of perjury in accordance with California law, that \_\_\_\_\_ (name of AMC) will, in accordance with Business and Professions Code section 11345.3, include in all of its contracts with clients for appraisal services in California, provision of each of the following procedures as standard business practices:-

- a. Ensuring that all independent contractor or employee appraisers who perform appraisal services for this company in California will possess a California real estate appraiser license in good standing;
- b. Reviewing the work of all independent contractor or employee appraisers to ensure that appraisal services are performed in accordance with the Uniform Standards of Professional Appraisal Practice (USPAP); and
- c. Maintaining, at a minimum, each of the following records for each service request:
  - 1. The date of receipt of the request;
  - 2. The name of the person from whom the request was received;
  - 3. The name of the client for whom the request was made, if different from the name of the person from whom the request was received;
  - 4. The appraiser or appraisers assigned to perform the requested service; and
  - 5. The date of delivery of the appraisal product to the client.

I also certify, under penalty of perjury in accordance with California law, as to the following regarding service of process on \_\_\_\_\_ (name of AMC):

a. That service of process on \_\_\_\_\_ (name of AMC) shall be deemed service of process on each and every Controlling Person individually (as identified by Applicant herein and/or as updated by *Appraisal Management Company Change Notification and Miscellaneous Requests* Form REA 5011, as consistent with the duties and obligations of a Controlling Person within \_\_\_\_\_ (name of AMC):

b. That the Applicant hereby irrevocably consents that if, in any action commenced against it by the Chief of the Bureau of Real Estate Appraisers or his designee, service of process upon it cannot be made in California after the exercise of due diligence, a valid service may thereupon be made upon it by delivering the process to the Chief of the Bureau of Real Estate Appraisers of the State of California-

c. That, following such service of process pursuant to the irrevocable consent authorized herein, the Chief of the Bureau of Real Estate Appraisers of the State of California may mail a copy of any such process to the

\_\_\_\_\_ (name of AMC) at the following address:

Address		
City	State	Zip Code

If the applicant is not a person or entity domiciled in this state, \_\_\_\_\_ the name and contact number of a person or entity) is acting as agent of service of process in this state and irrevocably consents to service of process in favor of the Bureau.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ (city or county) \_\_\_\_\_ (state).

Signature \_\_\_\_\_

**Part III: Change and Request Declaration**

*All changes made must be approved by the Designated Officer currently on file with BRE. The Designated Officer must complete this section.*

I, \_\_\_\_\_ (name), certify under penalty of perjury in accordance with California law, that I am the Designated Officer and duly authorized as such and understand and agree, individually and on behalf of \_\_\_\_\_ (name of AMC), that the foregoing information and information provided on all attachments is true and correct and that I have answered each question fully and truthfully and without any purpose of evasion. I understand that providing false information is grounds for denial or revocation of any license and may subject me to disciplinary action and/or criminal prosecution and punishment by imprisonment in state prison for 2, 3 or 4 years.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ at \_\_\_\_\_ (city or county) \_\_\_\_\_ (state).

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_, County of \_\_\_\_\_,

On \_\_\_\_\_, before me, \_\_\_\_\_ (insert name and title of the officer), personally appeared, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

\_\_\_\_\_  
Signature  
(Seal)

**MUST BE SIGNED AND CERTIFIED BY A NOTARY PUBLIC IF EXECUTED OUTSIDE THE STATE OF CALIFORNIA**

## INSTRUCTIONS

**PART I: AMC INFORMATION** - This section MUST be completed.

**PART II: INFORMATION TO BE CHANGED** - Only complete the sections in *Part II* that are to be changed.

- 1. AMC CHANGES** - *Include any changes to the AMC.*
- 2. CHANGE OF AGENT FOR SERVICE OF PROCESS** -- A change of, or changes to an AMC's Agent for Service of Process MUST be notarized by a Notary Public.
- 3. CONTROLLING PERSON(S) CHANGES** - *This section covers changes to the Controlling Persons of an AMC:*

**ADDITION AND REMOVAL OF CONTROLLING PERSON(S)** – List each name of all “Controlling Persons” of the AMC that are being either added or removed to the AMC.

A separate “*Appraisal Management Company (AMC) Controlling Person Application*” (REA 5002) form and fees must be included for each Controlling Person that is being added unless:

- BREA has an approved Form REA 5002 on file for the newly designated Controlling Person; or
- The new Controlling Person holds an active real estate appraiser license with the BREA.

**INFORMATION CHANGE FOR AN EXISTING CONTROLLING PERSON** - Show all changes being made to information for an individual Controlling Person.

- 4. CHANGE OF DESIGNATED OFFICER** - List the name of the new Designated Officer.  
A separate “*Appraisal Management Company (AMC) Controlling Person Application*” (REA 5002) form and fees must be included for a Designated Officer that is being added unless:

- BREA has an approved Form REA 5002 on file for the newly designated Controlling Person; or
- The new Controlling Person holds an active real estate appraisal license with the BREA.

**PART III: CHANGE AND REQUEST DECLARATION** -

All changes must be approved by the Designated Officer of the AMC. The Designated Officer MUST complete this section. The definition of Designated Officer can be found at Title 10 of the California Code of Regulations Section 3500(b)(10).

Privacy Information

Section 1798.17 of the Civil Code requires this notice be provided when collecting personal or confidential information from individuals. Each individual has the right to review personal information maintained by this Agency, unless access is exempted by law.

Bureau of Real Estate Appraisers  
Custodian of Records  
1102 Q Street, Suite 4100  
Sacramento, CA 95811  
3075 Prospect Park Drive, Suite 190  
Rancho Cordova, CA 95670  
Telephone: (916) 552-9000

General powers of the Chief, Sections 11310 and 11313 of the Business and Professions Code authorizes the maintenance of this information. Business and Professions Code Sections 30 and 31, Chapter 1361, Section 1, requires each real estate appraiser licensee to initially provide to the Bureau of Real Estate Appraisers his or her the licensee's social security or individual taxpayer identification number which will be furnished to the Franchise Tax Board, Employment Development Department (EDD), and California Department of Tax and Fee Administration (CDTFA). Your social security or individual taxpayer identification number shall not be deemed a public record and shall not be open to the public for inspection. The Franchise Tax Board will use your number to establish identification exclusively for tax purposes. The Real Estate Appraisers Law or Regulations of the Chief require applicants to provide the Bureau of Real Estate Appraisers with specific information. If all or any part of the required information is not provided, processing may be delayed. In addition, the Chief may suspend or revoke a license, or in the case of a license applicant, may deny the issuance for misstatements of facts including a failure to disclose a material fact) in an application for a license. The information requested in this form is primarily used to furnish license status information to the Bureau of Real Estate Appraisers, and to answer inquiries and give information to the public on license status, mailing addresses and actions taken to deny, revoke, restrict or suspend licenses for cause. This information may be transferred to real estate appraisal licensing agencies in other states, law enforcement agencies City Police, Sheriff's Departments, District Attorneys, Attorney General, F.B.I.), and any other regulatory agencies including, but not limited to, Department of Business Oversight Department of Financial Protection and Innovation, Department of Insurance, Bureau Department of Real Estate, Department of Consumer Affairs, California Bar Association, Appraisal Subcommittee, California Community Colleges Chancellor's Office, and CDTFA). The EDD will use your number to determine compliance with any possible family support obligations.