

AMC USE FOR UPDATES TO CURRENT REGISTRATION

Basic Checklist to Assist in Submitting Changes or Updates to a Current AMC Registration

Note: Changes or updates may be subject to approval

Currently Registered AMC NAME:	
CURRENT Expiration Date:	Registration: #
<input checked="" type="checkbox"/> All Boxes that apply to changes or updates	Submit applicable documents for each checked item.
<input type="checkbox"/> Yes <input type="checkbox"/> No CHANGE AMC NAME TO: Current AMC Name _____ New AMC Name _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No CHANGES TO CONTACT INFORMATION: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Physical Address <input type="checkbox"/> Business Phone# <input type="checkbox"/> Business Fax# <input type="checkbox"/> Business Email	
<input type="checkbox"/> Yes <input type="checkbox"/> No CHANGES TO OWNERS/OFFICERS/DIRECTOR(s): <input type="checkbox"/> Yes <input type="checkbox"/> No CHANGES TO INDIVIDUAL/ENTITY (INCLUDING STOCKHOLDERS) WHO OWNS 10% OR MORE: <input type="checkbox"/> Use page #2 from application to list changes <input type="checkbox"/> Original notarized certification(s) <input type="checkbox"/> Documents for any YES answers(s)	
<input type="checkbox"/> Yes <input type="checkbox"/> No CHANGE OF CONTROLLING PERSON: Remove _____ Add _____ <input type="checkbox"/> Use page #2 and #3 from application to list change <input type="checkbox"/> Original notarized certification <input type="checkbox"/> Documents for YES answers(s) <input type="checkbox"/> The AMC Certification form must be completed and signed by new controlling person <input type="checkbox"/> AMC Certification -Original notarized certification <input type="checkbox"/> AMC Certification -Documents for YES answers(s)	
<input type="checkbox"/> Yes <input type="checkbox"/> No CHANGES TO SERVICE OF PROCESS: <input type="checkbox"/> Verified with AZ Corp. Commission	
<input type="checkbox"/> Yes <input type="checkbox"/> No CHANGE TO AZ CORP. COMM/SEC OF STATE REGISTRATION: <input type="checkbox"/> Arizona Corporation Commission -Letter of Good Standing <input type="checkbox"/> Arizona Secretary of State -Letter of Good Standing	
<input type="checkbox"/> Yes <input type="checkbox"/> No CHANGES TO BOND: <input type="checkbox"/> SURETY BOND -Original <input type="checkbox"/> SURETY BOND NUMBER _____ <input checked="" type="checkbox"/> The following must be submitted if there is a <u>CHANGE OF AMC NAME</u> : <input type="checkbox"/> Bond Under Former Name -One year from effective date of name change <input type="checkbox"/> Bond Under New Name	

Changes to the AMC registration are completed and submitted by:

Print Name

Title

Signature

Date