



## ARIZONA DEPARTMENT OF FINANCIAL INSTITUTIONS

Robert D. Charlton  
Superintendent

Douglas A. Ducey  
Governor

### CHANGE OF ADDRESS APPRAISAL MANAGEMENT COMPANY

AMC Registration or Application # \_\_\_\_\_

Registered Name: \_\_\_\_\_  
*(This name is on the registration certificate, website, and all mail)*

Business Name: \_\_\_\_\_  
*(Full name including any DBA – This name needs to be on the bond as the Principal)*

Controlling Person: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Email: \_\_\_\_\_ Website: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**NOTE: Contact information listed above may be posted on our website.**

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Submitted by:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date