



Montana Board of Real Estate Appraisers

AMC Change of Ownership Packet

Submit your packet, fee payment, and any supporting documentation to the address below.

DO NOT SEND CASH.

Montana Board of Real Estate Appraisers
301 S. Park Avenue, Fourth Floor
Helena, MT 59601

or

PO Box 200513
Helena, MT
59620-0513

If you need assistance with your license application, please contact Professional Licensing Customer Service at (406) 444-6880 or email us at DLIBSDHELP@MT.GOV.



Fee Schedule

Please select the type of ownership change

Change business structure with addition or subtraction of owner	Fee: \$125.00
Change business structure without addition or subtraction of owner	Fee: \$23.00

AMC Information

AMC Name
AMC License/Registration Number

Relinquishing Owner Information

Last Name	First Name	Middle Name
Signature		Date

New Owner Information

Last Name	First Name	Middle Name
License Number and State (if applicable)		
Mailing Address		
City	State	Zip Code
Phone Number	Email	

**PERSONAL HISTORY QUESTIONS
IMPORTANT INSTRUCTIONS AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every “yes” answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.
- [Business Entities with Persons in Charge, e.g., Appraisal Management Company] “You” in these instructions and questions refers to associates or agents of the facility, organization, or entity applying for licensure who must answer these questions personally as individuals.

PERSONAL HISTORY QUESTIONS

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| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | Yes | No |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? | Yes | No |
| 5. Have you ever withdrawn an application for any professional license? | Yes | No |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? | Yes | No |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) | Yes | No |

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

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| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
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I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Real Estate Appraisers.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

New Person Legal Signature

Date