



CHANGE FORM

Arkansas Appraiser Licensing and Certification Board

900 West Capitol Avenue, Suite 400
Little Rock, AR 72201
501-296-1843
www.arkansas.gov/alcb

CHANGE OF INFORMATION FORM

If a registered, licensed, or certified credential holder changes his/her name or business address, he/she shall notify the Board in writing within thirty (30) days after the change becomes effective.

Please use this form for reporting changes to home or business address, phone number, or email. If you have a name change, please send legal documentation along with this form.

Name: _____

License Number: _____

New information:

Name (if changed): _____

Residence Address: _____

Residence Phone: (____) _____ Cell Phone: (____) _____

New business information:

Business Address: _____

Business Phone: (____) _____

E-mail Address: _____

Today's Date: _____

Change Effective Date: _____

Credential Holder's Signature: _____