



**Arkansas Appraiser Licensing and Certification Board**  
 101 East Capitol, Suite 430  
 Little Rock, AR 72201  
[www.arkansas.gov/alcb](http://www.arkansas.gov/alcb)  
 501-296-1843

**FORM -201**

Received: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 License number: \_\_\_\_\_  
 Process Date: \_\_\_\_\_  
 Processed by: \_\_\_\_\_  
 Documents Mailed: \_\_\_\_\_

**FOR BOARD USE ONLY**

**CHANGE OF INFORMATION FORM**

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

Name: \_\_\_\_\_  
                     Last,  First,  Middle Initial

License Number: \_\_\_\_\_ Birth Date \_\_\_\_\_

**New Information:**

Name (if changed): \_\_\_\_\_

Residence Address: \_\_\_\_\_  
                                     Street/ P.O. Box  
 \_\_\_\_\_  
                                     City, State, Zip Code

Residence Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

**Business address is where all Board information will be mailed. (Leave blank if same as above)**

Business Address: \_\_\_\_\_  
                                     Street/ P.O. Box  
 \_\_\_\_\_  
                                     City, State, Zip Code

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Changes Effective Date: \_\_\_\_\_

Licensee's signature (required) \_\_\_\_\_

If a registered, licensee or certificate 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.