

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
REAL ESTATE APPRAISER COMMISSION
500 JAMES ROBERTSON PARKWAY, SUITE 620
NASHVILLE, TENNESSEE 37243
615-741-1831

## **CHANGE OF INFORMATION**

Last Name	First Nan	ne	MI	License/Certifi	cate/Registration Number
ADDRESS INFORMATION					
Please indicate the type of address change by marking an "X" in the appropriate box(es) below. Mark all that apply to this change. If changing more than one type of address, use a separate form for each address. Only one fee is required.  This form must be accompanied with a \$25 check or Money Order made payable to the State of Tennessee if making a change of address.  Trainees and Inactive Status Appraisers are not required to pay this fee.					
☐ MAILING	ADDRESS		SS ADDRESS	RESID	DENTIAL ADDRESS
CHANGE TO:					
Business Name (if app	licable)		РО Вох		
Street Address					Suite or Apartment Number
City			State		Zip Code
Email Address					
Effective Date:					
PHONE NUMBER INFORMATION					
Busines	s Number	Resi	dential Number	r 🗌	Fax Number
Area Code	Phone Number	Area Code	Phone Number	Area (	Code Phone Number
Effective Date:					
NAME CHANGE INFORMATION					
Pr	Ple evious Name	ease submit sup	pporting documen		ent Name

MI

Last Name

First Name

ΜI

Last Name

First Name