



**APPRAISER CERTIFICATION  
AND LICENSURE BOARD**  
3000 Market Street NE, Suite 541  
Salem, Oregon 97301  
Phone: (503) 485-2555  
FAX: (503) 485-2559  
TDD/Hearing Impaired: (503) 378-4100  
www.oregonaclb.org

For Office Use Only

**CHANGE NOTIFICATION AND MISCELLANEOUS REQUESTS**

*READ ALL DIRECTIONS ON THE REVERSE SIDE PRIOR TO COMPLETING THIS FORM.*

**1. TYPE OF CHANGE**

- |  |   |
|--|---|
| <input type="checkbox"/> NAME                              | <input type="checkbox"/> MAILING ADDRESS  |
| <input type="checkbox"/> BUSINESS NAME                     | <input type="checkbox"/> BUSINESS TELEPHONE NUMBER  |
| <input type="checkbox"/> BUSINESS ADDRESS                  | <input type="checkbox"/> RESIDENCE TELEPHONE NUMBER   |
| <input type="checkbox"/> PHYSICAL RESIDENCE ADDRESS        | <input type="checkbox"/> LETTER OF GOOD STANDING/LICENSE HISTORY (\$40 FEE)                       |
| <input type="checkbox"/> E-MAIL ADDRESS CHANGE             | <input type="checkbox"/> ISSUE DUPLICATE LICENSE - \$35 FEE (Return original license with form)   |
| <input type="checkbox"/> CHANGE LICENSE STATUS TO INACTIVE | <input type="checkbox"/> REACTIVATE INACTIVE LICENSE - \$60 reactivation fee+prorated license fee |

**2. License or Certificate Number**

**3. Expiration Date**

**4. Social Sec. # (Required)**

**5. Name (as it appears on license)**

Last	First	Middle
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**6. New Name**

Last	First	Middle
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**7. New Business Name and Address of Record**

Name of Business		Number, Street and Suite Number	
City	County	State	Zip Code

**Mailing Address (if different):**

**8. New Physical Home Address**

Number, Street, Apt. Number			
City	County	State	Zip Code

**9. New Residence Telephone Number**

**10. New Business Telephone Number**

**11. New FAX Number**

**12. New E-Mail Address**

**13. Letter of Good Standing/License History (\$40 Fee)**

Name and address of requesting agency. Unless indicated otherwise we will mail directly to the requesting agency.

**Signature:**

**Date:**

## READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS APPLICATION

- Do not write in shaded area.
- Type or print clearly in ink.
- Applications must be legible and contain an original signature.
- If you have any questions, please write to the address listed or call (503) 485-2555.
- Check all appropriate “change” boxes applicable on page one of this form.
- Complete all information requested for each box checked.
- All fees must be paid by cashier’s check, money order, certified check, personal check or credit card.
- Fees are not refundable.
- Mail completed Applications to the address on page 1.

## INSTRUCTIONS

NAME CHANGE - Complete items 1 through 6. If a new certificate is desired, mark the box and submit the appropriate duplicate license fee.

BUSINESS NAME OR EMPLOYER CHANGE - Complete items 1 through 5 and item 7 and 9.

MAILING ADDRESS CHANGE - Complete items 1 through 5 and item 7.

PHYSICAL RESIDENCE ADDRESS CHANGE - Complete items 1 through 5 and item 8.

RESIDENCE TELEPHONE NUMBER CHANGE - Complete items 1 through 5 and item 9.

BUSINESS TELEPHONE NUMBER CHANGE - Complete items 1 through 5 and item 10.

FAX NUMBER CHANGE – Complete items 1 through 5 and item 11.

E-MAIL ADDRESS CHANGE – Complete items 1 through 5 and item 12.

DUPLICATE LICENSE REQUEST - Complete items 1 through 5 and mark any changes. Submit appropriate duplicate license fee.

LETTER OF GOOD STANDING/LICENSE HISTORY - Complete items 1 through 5 and item 13. Please provide the name and address of the requesting state/other agency. Unless indicated otherwise we will mail directly to the requesting agency. Submit appropriate fee.

Please Note: All information contained in your license or certificate file is a public record.