## **REQUEST FOR LETTER OF GOOD STANDING - AMC**

SECONDARY DOCUMENT

**LGS-3521** 



## ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION Division of Professional Regulation 320 West Washington Street, 3<sup>rd</sup> Floor Springfield, Illinois 62786 800-560-6420

558

**PURPOSE**: This application is used when an Illinois registered appraisal management company is seeking to provide appraisal management services in another jurisdiction. Some jurisdictions require a Letter of Good Standing from the AMC's resident state before issuing a license or registration.

**DIRECTIONS**: Carefully follow the instructions. Type or print legibly. The application must be completed in its entirety. You must complete all sections. If an area is not applicable, please indicate "**N**A". Incomplete applications or applications completed that do not comply with the instructions will be returned to the applicant. You must include the non-refundable fee of \$25.00 made payable to the **Illinois Department of Financial and Professional Regulation**. The form must contain an ORIGINAL signature of the applicant.

APPLICANT IDENTIFY	NG INFORMATION			
Entity Name (or DBA in III	inois)		Illinois AMC Registration Number	
			558.	
Address of Record				
- C'1		1011		
City		State	Zip Code	
Phone	Cell		Fax	
Controlling Person E-mail	Address			
AGENCY OR STATE B	OARD WHERE THE LETTER OF GOOD	STANDING IS TO	BE SENT	
Name of Agency or State Board		To the At	To the Attention of:	
Mailing Address				
Maining Address				
City		State	Zip Code	
Phone	Fax		E-mail Address	
FEE and WHERE TO S	UBMIT THE APPLICATION			
You must submit a r	non-refundable check or money o	rder in the amou	int of \$25.00 made payable to:	
	Illinois Department of Financia Division of Profess			
	320 West Washingt Springfield, II	on Street, 3 <sup>rd</sup> Flo		
	mpleted this form, that the information is true a of requesting a Letter of Good Standing.	and correct and that I a	am responsible for the content and signing this	
Signature of Preparer				