

You may now pay this fee Online!



Beginning June 5, 2024, this new payment option will be available for Division of Real Estate licensure related fees.

Applicants and licensees may submit one-time payments online in place of sending a check or money order.

To pay online, please visit <https://idfpr.illinois.gov/epay.html>.

Once paid, complete the Payment Method section below and email your application, supporting documents, and this page to fpr.realestate@illinois.gov.

Access the
ePay site via
QR Code here



Important: Please complete the "Payment Method" section below for each application to ensure proper handling:

Payment Method

___ Online – Paid Online at: <https://idfpr.illinois.gov/epay.html> in the amount of _____. Approved # _____

___ Check/Money Order. Check# _____

Application Type: "Non Exam"



Illinois Department of Financial and Professional Regulation
Appraisal Management Company
Application for Initial Registration

Amended February 2026 - this form supersedes all prior versions

PRIMARY DOCUMENT

AMC-1001

GENERAL INSTRUCTIONS

Please read the instructions carefully. Type or print legibly with blue or black ink. Answer all sections. If a section does not apply, please indicate as "N/A". Incomplete applications or applications completed incorrectly will be returned to the applicant. All signature areas must contain an original signature. **All applicants must include the Surety Bond Form pursuant to 225 ILCS 459/50. For entities domiciled outside of Illinois, you must include the Uniform Consent to Service of Process form.**

PART A: APPLICANT/REGISTRANT INFORMATION – All other business names require separate and full registrations

COMPLETE BUSINESS NAME (YOUR NAME IF A SOLE PROPRIETORSHIP)

NAME UNDER WHICH THE COMPANY WILL BE DOING BUSINESS AS IN ILLINOIS (DBA)

EMPLOYER IDENTIFICATION NUMBER (EIN) OR TAXPAYER IDENTIFICATION NUMBER

PRINCIPAL OFFICE ADDRESS IN ILLINOIS (P.O. BOX IS NOT PERMITTED)

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

FACSIMILE NUMBER (if any)

WEB ADDRESS

EMAIL ADDRESS

PART B: CORPORATE STRUCTURE

- | | |
|------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Foreign Corporation (outside Illinois) |
| <input type="checkbox"/> Domestic Corporation | <input type="checkbox"/> Foreign LLC/LLP (outside Illinois) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Limited Liability Company/Partnership (in Illinois) | <input type="checkbox"/> Other |

Foreign entities must fill out the Uniform Consent to Service of Process Form

If a general partnership, attach a copy of the written partnership agreement to this Application

If other type of corporate entity, attach a copy of the organizational documents or Articles of Incorporation to this Application as well as proof of good standing from Illinois or the States in which the entity is domiciled

If the entity is using an assumed name (d/b/a), a copy of the assumed name registration issued by the Illinois Secretary of State or the applicable counties

PART C: QUALIFYING PANEL SIZE

To be eligible for registration your entity needs, at application, either; 16 or more licensed appraisers within Illinois, or 25 or more licensed appraisers in two or more participating jurisdictions including Illinois. This is a condition of registration.

Examples: If your entity has 3 appraisers in Illinois plus 22 appraisers in all other participating jurisdictions, your entity is eligible for registration. If your entity has 10 appraisers in Illinois plus 6 appraisers in all other participating jurisdictions, your entity is ineligible for registration.

Column A

Number of Independent Contractor
Appraisers in Illinois

Column B

Number of Independent Contractor
Appraisers in ALL OTHER states
(which may include Illinois)

Column C

Total Qualifying
Panel

+

=

PART D: DIRECT OWNERS/PARTNERS/MEMBERS

Instructions: Any person or business entity that has direct ownership of 10% or more of the Applicant Entity must complete this section. Copy this page to add more individuals, entities, or additional jurisdictions for licensure where applicable.

COMPLETE NAME or BUSINESS NAME**ADDRESS (P.O. BOX IS NOT PERMITTED)****CITY****STATE****ZIP CODE****TELEPHONE NUMBER****FACSIMILE NUMBER****E-MAIL ADDRESS**

IF AN INDIVIDUAL, ARE YOU CURRENTLY LICENSED AS AN APPRAISER IN ANY JURISDICTION?

☐ **NO** ☐ **YES** _____ (License # & Jurisdiction, if applicable)**PERCENT OF OWNERSHIP**

Indicate whether you've ever had an appraiser license or certificate refused, denied, cancelled, surrendered in lieu of revocation, or revoked in any other jurisdiction, as determined by the appraiser certifying and licensing agency.

☐ **NO** ☐ **YES** (if yes, attach a copy of the relevant documents and a letter of explanation)**COMPLETE NAME or BUSINESS NAME****ADDRESS (P.O. BOX IS NOT PERMITTED)****CITY****STATE****ZIP CODE****TELEPHONE NUMBER****FACSIMILE NUMBER****E-MAIL ADDRESS**

IF AN INDIVIDUAL, ARE YOU CURRENTLY LICENSED AS AN APPRAISER IN ANY JURISDICTION?

☐ **NO** ☐ **YES** _____ (License # & Jurisdiction, if applicable)**PERCENT OF OWNERSHIP**

Indicate whether you've ever had an appraiser license or certificate refused, denied, cancelled, surrendered in lieu of revocation, or revoked in any other jurisdiction, as determined by the appraiser certifying and licensing agency.

☐ **NO** ☐ **YES** (if yes, attach a copy of the relevant documents and a letter of explanation)**COMPLETE NAME or BUSINESS NAME****ADDRESS (P.O. BOX IS NOT PERMITTED)****CITY****STATE****ZIP CODE****TELEPHONE NUMBER****FACSIMILE NUMBER****E-MAIL ADDRESS**

IF AN INDIVIDUAL, ARE YOU CURRENTLY LICENSED AS AN APPRAISER IN ANY JURISDICTION?

☐ **NO** ☐ **YES** _____ (License # & Jurisdiction, if applicable)**PERCENT OF OWNERSHIP**

Indicate whether you've ever had an appraiser license or certificate refused, denied, cancelled, surrendered in lieu of revocation, or revoked in any other jurisdiction, as determined by the appraiser certifying and licensing agency.

☐ **NO** ☐ **YES** (if yes, attach a copy of the relevant documents and a letter of explanation)

PART E: INDIRECT OWNERS

Instructions: Any person or business entity that has indirect ownership of 10% or more of the Applicant Entity must complete this section. Copy this page to add more individuals, entities, or additional jurisdictions for licensure where applicable.

COMPLETE NAME**ADDRESS (P.O. BOX IS NOT PERMITTED)****CITY****STATE****ZIP CODE****TELEPHONE NUMBER****E-MAIL ADDRESS**

IF AN INDIVIDUAL, ARE YOU CURRENTLY LICENSED AS AN APPRAISER IN ANY JURISDICTION?

☐ **NO** ☐ **YES** _____ (License # & Jurisdiction, if applicable)

Indicate whether you've ever had an appraiser license or certificate refused, denied, cancelled, surrendered in lieu of revocation, or revoked in any other jurisdiction, as determined by the appraiser certifying and licensing agency.

☐ **NO** ☐ **YES** (if yes, attach a copy of the relevant documents and a letter of explanation)**COMPLETE NAME****ADDRESS (P.O. BOX IS NOT PERMITTED)****CITY****STATE****ZIP CODE****TELEPHONE NUMBER****E-MAIL ADDRESS**

IF AN INDIVIDUAL, ARE YOU CURRENTLY LICENSED AS AN APPRAISER IN ANY JURISDICTION?

☐ **NO** ☐ **YES** _____ (License # & Jurisdiction, if applicable)

Indicate whether you've ever had an appraiser license or certificate refused, denied, cancelled, surrendered in lieu of revocation, or revoked in any other jurisdiction, as determined by the appraiser certifying and licensing agency.

☐ **NO** ☐ **YES** (if yes, attach a copy of the relevant documents and a letter of explanation)**COMPLETE NAME****ADDRESS (P.O. BOX IS NOT PERMITTED)****CITY****STATE****ZIP CODE****TELEPHONE NUMBER****E-MAIL ADDRESS**

IF AN INDIVIDUAL, ARE YOU CURRENTLY LICENSED AS AN APPRAISER IN ANY JURISDICTION?

☐ **NO** ☐ **YES** _____ (License # & Jurisdiction, if applicable)

Indicate whether you've ever had an appraiser license or certificate refused, denied, cancelled, surrendered in lieu of revocation, or revoked in any other jurisdiction, as determined by the appraiser certifying and licensing agency.

☐ **NO** ☐ **YES** (if yes, attach a copy of the relevant documents and a letter of explanation)

PART F: ENTITY ENFORCEMENT HISTORY		YES	NO
1.	Has the entity, parent company, or holding company been convicted, or pled guilty or nolo contendere to a misdemeanor or felony for a criminal offense in any jurisdiction or federal court as enumerated in 225 ILCS 459/67? If yes, submit documentation for each conviction that includes an official copy the court docket, which shows the offense, the final disposition inclusive of the sentence, or any plea agreement. Please do not include convictions that have been overturned, sealed, or expunged.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has the entity, parent company, or holding company been denied or revoked any registration, certification, license, or permit; or had a registration, certification, license, or permit disciplined or limited in any way by any licensing or registering authority, including the Consumer Financial Protection Bureau or Federal Trade Commission? If yes, submit a copy of the denial letter and/or statement of enforcement, limitation, or discipline.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has the entity, parent company, or holding company ever been prohibited from participating in the affairs of an insured depository institution?	<input type="checkbox"/>	<input type="checkbox"/>

PART G: OTHER REGISTRATIONS OR LICENSES			
Instructions: Attached a printed sheet that identifies AMC registrations or AMC licenses currently held in any other participating jurisdictions. You must include the following: <ul style="list-style-type: none"> A. Jurisdiction where the license or registration is held B. The registration or license number or identifier C. Whether the license or registration is pending D. The expiration date for the license or registration 			

PART H: DESIGNATED CONTROLLING PERSON (Any individual who operates as a sole proprietor shall be considered the designated controlling person)			
Instructions: The Designated Controlling Person is responsible for compliance. Only ONE Designated Controlling Person per appraisal management company is permitted.			
COMPLETE NAME			
ADDRESS			
CITY		STATE	ZIP CODE
TELEPHONE NUMBER		E-MAIL ADDRESS	

PART I: DESIGNATED CONTROLLING PERSON - HISTORY		YES	NO
1.	Have you been convicted or pled guilty or nolo contendere to a misdemeanor or felony for a criminal offense in any state or federal court (other than minor traffic violations) as described in 225 ILCS 459/67? If yes, submit documentation for each conviction or plea that includes an official copy of the court docket, which shows the offense, the final disposition inclusive of the sentence, a statement from the probation/parole officer if probation was served and that all conditions of the sentence have been met. Submit a brief statement indication what you have been doing since your conviction/ release. Please do not include records such as juvenile records, arrests without a conviction, or convictions that have been overturned, sealed, or expunged.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you been denied a professional license or permit; or privilege of taking an examination; or had a professional license, certification, or permit revoked or disciplined in any way by any licensing authority? This includes disbarment. If yes, submit a copy of the denial letter and/or statement of discipline.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever been discharged other than honorably from the armed services or terminated from a unit of local government, county, state or federal position? If yes, submit a DD-214 if discharged other than honorably from the armed forces; submit all documentation regarding public employment termination.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you delinquent on Illinois state taxes or child support payments? If yes, submit a statement concerning your arrearage and an official document from the appropriate agency, the Illinois Department of Revenue, or the Illinois Department of Healthcare and Family Services, concerning your arrearage and your payment agreement.	<input type="checkbox"/>	<input type="checkbox"/>

PART J: CERTIFICATIONS	
<p>I (We) certify to the following:</p> <ol style="list-style-type: none"> That the registrant will utilize Illinois licensed appraisers to provide appraisal services within the State of Illinois. That the registrant has a system in place utilizing Illinois licensed appraisers to perform reviews (in accordance with USPAP) of the appraisal work of all employed and independent appraisers that are performing real estate appraisal services in Illinois for the registrant. That the registrant maintains a detailed record of each service request that it receives and the independent appraiser that performs the real estate appraisal service(s). That the registrant shall comply with all other requirements of the Appraisal Management Registration Act and Administrative Rules that are part of this Act. That the registrant has policies and procedures in place about compliance with customary and reasonable rates of appraiser compensation for complex assignments that are consistent with the Final Interim Rule and/or other rule of the federal Dodd-Frank Wall Street Reform and Consumer Protection Act. That the registrant shall not interfere with adherence to the Uniform Standards of Professional Appraisal Practice or the Real Estate Appraiser Act of 2002 or a subsequent Act by individuals licensed under the respective Acts. That the employees working on behalf of the registrant and directly involved in providing appraisal management services are appropriately trained and familiar with the appraisal process in providing appraisal management services. 	
DESIGNATED CONTROLLING PERSON (Signature)	
DESIGNATED CONTROLLING PERSON (Printed Name)	DATE

PART K: FEES

Instructions: Read carefully. Fees are non-refundable and cannot be prorated.

Payment of \$2,500 must be made via ePay, check, certified check, cashier's check, or money order and made payable to:

Illinois Department of Financial and Professional Regulation

Appraisal Management Company Unit
320 West Washington Street – 3rd Floor
Springfield, Illinois 62786

Payment Method

___ Online – Paid Online at: <https://idfpr.illinois.gov/epay.html> in the amount of _____. Approved #_____

___ Check/Money Order. Check#_____

Licensure Method: "License by Non-Exam"



UNIFORM CONSENT TO SERVICE OF PROCESS

Appraisal Management Company and/or Designated Controlling Person

SECONDARY DOCUMENT

AMC-1002

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DPR/APPRaisal MANAGEMENT COMPANY UNIT
320 West Washington Street – 3rd Floor
Springfield, Illinois 62786
1-800-560-6420

KNOW ALL MEN BY THESE PRESENTS:

That, _____
Name of Appraisal Management Company

Name of Designated Controlling Person

being a nonresident of the State of Illinois or a business entity not domiciled in the State of Illinois and a registrant or a designated controlling person under the provisions of the Illinois Appraisal Management Registration Act of 2011 [P.A. 097-0602] and having filed herewith my application as required by said statute, do hereby irrevocably consent that if, in any lawsuit or action commenced against me in the State of Illinois arising out of a violation of P.A. 097-0602, personal service of summons or process upon me cannot be made in the State of Illinois after the exercise of due diligence, a valid service may thereupon be made by delivering the summons or process to the Department, providing that the Department shall then mail a true copy of such summons or process to me by registered mail, at last known address as it appears on the copy of this form on the file with the Department. I understand that this address may be changed by filing a new copy of this form.

The address where I will be available for service by mail is as follows:

NAME		
ADDRESS		
CITY	STATE	ZIP CODE

Signature

Title

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public

NOTARY
SEAL

My commission expires: _____



SURETY BOND FORM

Appraisal Management Companies

Know All Men by These Presents

That We, _____, with principal offices at _____, as an applicant for registration or as a registrant as an Appraisal Management Company in the State of Illinois ("Principal"), and _____, a surety company with principal offices at _____, authorized to conduct business in the State of Illinois ("Surety"), are indebted to the Illinois Department of Financial and Professional Regulation, 320 West Washington Street, Springfield, Illinois 62786 ("Obligee"), in the sum of **\$25,000.00** to be paid to the Obligee or its legal representatives, successors, or assigns, for which payment we bind ourselves and our legal representatives and successors, jointly and severally.

The condition of this obligation is that Principal has applied for registration with Obligee as an Appraisal Management Company in order to conduct business in the State of Illinois in conformance with the laws of the State of Illinois. Upon registration and at all times thereafter, Principal shall faithfully comply with the Illinois Appraisal Management Company Registration Act (225 ILCS 459) and all rules and regulations thereunder ("Act").

The purpose of this bond shall be for payment of expenses, fines, or fees due to or levied by Obligee against Principal in accordance with the Act for failure to comply with any provision of the Act. If Principal fails to make payment, in whole or in part, within sixty (60) days, to Obligee of any sum due, Surety shall provide payment under this Surety Bond to Obligee for any sums due and owing.

Maintaining a surety bond is a continuing obligation of registration.

This Surety Bond will expire on _____ but may be continued by renewal certificate signed by Principal and Surety. Surety shall give written notice to Obligee within ten (10) business days upon termination of this Surety Bond for any reason.

In the event that any action or proceeding is initiated with respect to this Surety Bond, the parties agree that the venue thereof shall be the State of Illinois.

Signed, Sealed and Dated this _____ day of _____, 20_____.

Principal _____

Surety _____
By _____

Attorney-in-fact