



**MAILING ADDRESS CHANGE FORM**

SECONDARY DOCUMENT

**MAC-5100**

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

**557 / 556 / 553**

**PURPOSE:** This form is used when an Illinois licensed or certified appraiser has moved from the address of record to another address of record. An address of record may NOT be a post office box or a mailbox located within a retail postal business.

**DIRECTIONS:** Type or print legibly. The form must be completed in its entirety. If an area is not applicable, please indicate "N/A". Incomplete forms or forms completed that do not comply with the instructions will be returned to the applicant. The form must contain an ORIGINAL signature of the applicant. There is **NO FEE** for this form.

**LICENSEE INFORMATION BEFORE CHANGE**

Name \_\_\_\_\_

Appraisal License Number \_\_\_\_\_

Company Name (if any) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone/Cell \_\_\_\_\_

E-mail Address (if any) \_\_\_\_\_

Website (if any) \_\_\_\_\_

**Section 1455.230 Address Change; Street Address**

It is the responsibility of the licensee to notify the Division, in writing, of a change of address, e-mail address, or website address or addresses within 15 days after the change. The licensee shall provide a street address of the licensee's residence or business location. The licensee's address of record shall not be a Post Office Box or a mailbox located within a retail postal business.

**LICENSEE INFORMATION AFTER CHANGE**

Company Name (if any) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone/Cell \_\_\_\_\_

E-mail Address (if any) \_\_\_\_\_

Website (if any) \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Today's Date