



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

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 (*digital or copied signatures are not acceptable*). For entities domiciled outside of Illinois, you must include an irrevocable **Uniform Consent to Service of Process** form.

PART A: Applicant/Registrant Information – All other business names require separate and full registrations

COMPLETE BUSINESS NAME

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

EMPLOYER IDENTIFICATION NUMBER (EIN) OR SOCIAL SECURITY NUMBER (SSN)

PRIMARY BUSINESS ADDRESS

CITY	STATE	ZIP CODE
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TELEPHONE NUMBER	FACSIMILE NUMBER
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WEB ADDRESS

PART B: Corporate Structure

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

* If the applicant is not a corporation that is domiciled in Illinois then you must complete **Part C**

** If general partnership, attach a copy of the written partnership agreement

*** If other type of corporate entity, attach a copy of the organizational documents.

PART C: Agent For Service – FOR CORPORATIONS NOT DOMICILED IN ILLINOIS

COMPLETE NAME OF THE AGENT FOR SERVICE

BUSINESS ADDRESS

CITY	STATE	ZIP CODE
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TELEPHONE NUMBER	FACSIMILE NUMBER
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E-MAIL ADDRESS

PART D: Person or Business Entity That Has Ownership of 10% or more of the Applicant Business Entity
If you need to add more individuals or entities, you must copy this page.

COMPLETE NAME or BUSINESS NAME

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

FACSIMILE NUMBER

E-MAIL ADDRESS

PERCENT OF OWNERSHIP

CERTIFIED ILLINOIS APPRAISER: NO YES

COMPLETE NAME or BUSINESS NAME

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

FACSIMILE NUMBER

E-MAIL ADDRESS

PERCENT OF OWNERSHIP

CERTIFIED ILLINOIS APPRAISER: NO YES

COMPLETE NAME or BUSINESS NAME

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

FACSIMILE NUMBER

E-MAIL ADDRESS

PERCENT OF OWNERSHIP

CERTIFIED ILLINOIS APPRAISER: NO YES

PART E: DESIGNATED CONTROLLING PERSON – Any individual registrant who operates as a sole proprietorship shall be considered a designated controlling person.
Only one DESIGNATED CONTROLLING PERSON per appraisal management company is permitted.

COMPLETE NAME

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

FACSIMILE NUMBER

E-MAIL ADDRESS

PART F: DESIGNATED CONTROLLING PERSON - HISTORY

YES

NO

1. Have you been convicted of any criminal offense in any state or federal court (other than minor traffic violations)? If yes, submit documentation for each conviction 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.

2. Have you been denied a professional license or permit; or privilege of taking an examination; or had a professional license, certification, or permit 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.

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.

4. Are you delinquent on a student loan, state taxes, or child support payments? If yes, submit a statement concerning your arrearage and an official document from the appropriate agency, the Illinois Student Assistance Commission, the Illinois Department of Revenue, or the Illinois Dept. of Healthcare and Family Services, concerning your arrearage and your payment agreement.

PART G: Fee

The non-refundable **initial** application fee is **\$2,500.00**. Payment must be made with a certified check, cashier's check or money order made payable to:

Illinois Department of Financial and Professional Regulation
320 West Washington Street
3rd Floor
Springfield, Illinois 62786

