



**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 – 3<sup>rd</sup> 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:**

<b>NAME</b>		
<b>ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

NOTARY  
SEAL

My commission expires: \_\_\_\_\_