



REQUEST FOR LETTER OF GOOD STANDING

SECONDARY DOCUMENT

LGS-3520

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

557 / 556 / 553

PURPOSE: This application is used when an Illinois licensed or certified appraiser is seeking to provide appraisal services in another jurisdiction. Some jurisdictions require a Letter of Good Standing from the appraiser's resident state before issuing a license, certification or Temporary Practice Permit.

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 IDENTIFYING INFORMATION

Name (Last, First, MI)		Illinois License Number	Sex
			<input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address			
City	State	Zip Code	County
Daytime Phone	Cell	Home Phone	
E-mail Address			

AGENCY OR STATE BOARD WHERE THE LETTER OF GOOD STANDING IS TO BE SENT

Name of Agency or State Board	To the Attention of:	
Mailing Address		
City	State	Zip Code
Phone	Fax	E-mail Address

FEE and WHERE TO SUBMIT THE APPLICATION

You must submit a non-refundable check or money order in the amount of \$25.00 made payable to:

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

I certify that I personally completed this form, that the information is true and correct and that I am responsible for the content and signing this application for the purpose of requesting a Letter of Good Standing.

Signature of Applicant

Date