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 <u>https://idfpr.illinois.gov/epay.html</u>.

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



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

| Payment Method | |
|---|---|
| Online – Paid Online at: <u>https://idfpr.illinois.gov/epay.ht</u> Check/Money Order. Check# | ml in the amount of Approved # Application Type: "Other" |
| | |

REQUEST FOR LETTER OF GOOD STANDING - AMC



ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION Division of Professional Regulation PO Box 7570 Springfield, Illinois 62791-7570 <u>FPR.RealEstateAppraisal@illinois.gov</u>

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SECONDARY DOCUMENT

PURPOSE: This application is used when an Illinois registered appraisal management company is seeking to provide appraisal management services in another jurisdiction. Some jurisdictions require a Letter of Good Standing from the AMC's resident state before issuing a license or registration.

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 **\$35.00** made payable to *IDFPR*.

| APPLICANT IDENTIFYING INFORMATION | | | | | |
|--|------|----------------------|----------------------------------|--|--|
| Entity Name (or DBA in Illinois) | | | Illinois AMC Registration Number | | |
| | | | 558. | | |
| Address of Record | | | | | |
| City | | State | Zip Code | | |
| | | | | | |
| Phone | Cell | | Fax | | |
| Controlling Person 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 | | | | | |
| Please submit a non-refundable payment in the amount of \$35.00 and this application to: | | | | | |
| Illinois Department of Financial and Professional Regulation | | | | | |
| Division of Professional Regulation | | | | | |
| PO Box 7570 | | | | | |
| Springfield, Illinois 62791-7570 FPR.RealEstateAppraisal@illinois.gov | | | | | |
| | | | | | |

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 Preparer

Date