

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

Once paid, complete the Payment Method section below and email your application, supporting documents, and this page to [fpr.realestate@illinois.gov](mailto:fpr.realestate@illinois.gov).

Access the  
ePay site via  
QR Code here



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

## Payment Method

\_\_\_ Online – Paid Online at: <https://idfpr.illinois.gov/epay.html> in the amount of \_\_\_\_\_. Approved # \_\_\_\_\_

\_\_\_ Check/Money Order. Check# \_\_\_\_\_

Application Type: "Other"



**REQUEST FOR LETTER OF GOOD STANDING - AMC**

SECONDARY DOCUMENT

**LGS-3521**

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

**558**

**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 **\$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**

Entity Name (or DBA in Illinois)		Illinois AMC Registration Number	
		<b>558.</b>	
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**

You must submit a non-refundable ePay, 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 IL 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 Preparer \_\_\_\_\_ Date \_\_\_\_\_

**Payment Method**

\_\_\_ Online – Paid Online at: <https://idfpr.illinois.gov/epay.html> in the amount of \_\_\_\_\_. Approved # \_\_\_\_\_  
\_\_\_ Check/Money Order. Check# \_\_\_\_\_ Application Type: "Other"