



**Illinois Department of Financial and Professional Regulation**  
**Appraisal Management Company**  
**NEW** Designated Controlling Person Application

SECONDARY DOCUMENT

**AMC-2020**

**GENERAL INSTRUCTIONS**

This form is to be used when replacing a Designated Controlling Person at a registered Illinois Appraisal Management Company. 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*).

**PART A: PERSONAL INFORMATION**

<b>APPRAISAL MANAGEMENT COMPANY (OFFICIAL) NAME</b>		<b>IL REGISTRATION NUMBER</b>
<b>DESIGNATED CONTROLLING PERSON'S COMPLETE NAME</b>		
<b>JOB TITLE</b>		
<b>ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>TELEPHONE NUMBER</b>	<b>FACSIMILE NUMBER</b>	
<b>E-MAIL ADDRESS</b>		

**PART B: 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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

**PART C: Certifications – I certify to the following:**

1. That the registrant will utilize Illinois licensed appraisers to provide appraisal services within the State of Illinois.
2. That the registrant has a system in place utilizing Illinois licensed appraisers to perform reviews (in accordance with USPAP) of the appraisal work of all employed and independent appraisers that are performing real estate appraisal services in Illinois for the registrant.
3. That the registrant maintains a detailed record of each service request that it receives and the independent appraiser that performs the real estate appraisal service(s) in accordance with the Administrative Rules.
4. That the registrant shall comply with all other requirements of the Appraisal Management Registration Act and Administrative Rules that are part of this Act.
5. That the registrant has policies and procedures in place with regard to compliance with customary and reasonable rates of appraiser compensation for complex assignments that are consistent with the Final Interim Rule and/or other rule of the federal Dodd-Frank Wall Street Reform and Consumer Protection Act.
6. That the registrant shall not interfere with adherence to the Uniform Standards of Professional Appraisal Practice or the Real Estate Appraiser Act of 2002 or a subsequent Act by individuals licensed under the respective Acts.

DESIGNATED CONTROLLING PERSON (Signature)

DESIGNATED CONTROLLING PERSON (Printed Name)

Dated

**PART D: Address Where to Submit this Form**

**Illinois Department of Financial and Professional Regulation**  
**320 West Washington Street**  
**3<sup>rd</sup> Floor**  
**Springfield, Illinois 62786**