



RENEWAL APPLICATION FOR AMC REGISTRATION

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

Division of Real Estate
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786
800-560-6420

PRIMARY DOCUMENT

AMC-5550

558

PURPOSE: This application is to renew a registration for an Appraisal Management Company (558). Your renewal **MUST** be postmarked before December 31, 2020 in order to avoid the \$500 late fee or becoming **EXPIRED**. Late renewals without the required fee will not be processed, held pending payment.

If you are applying to renew AFTER December 31 of an even year beginning in 2014, you must complete this form and pay the fee (*which includes the \$500 late fee*).

DIRECTIONS: Carefully follow the steps outlined within the instructions. 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. All spaces requiring a signature must contain an **original ink signature** by the **Controlling Person**; copies or digital representations are not acceptable. **THE CORRECT APPLICATION FEE MUST ACCOMPANY THE APPLICATION AND IS NOT REFUNDABLE.**

RENEWAL FEE (Check only ONE)

Prior to December 31, 2020 Renewal Fee

\$ 4,000

January 1, 2021– December 31, 2022 (includes late fee)

\$ 4,500

APPLICANT IDENTIFYING INFORMATION

COMPLETE BUSINESS NAME

ILLINOIS APPRAISAL MANAGEMENT COMPANY REGISTRATION NUMBER

EMPLOYER IDENTIFICATION NUMBER (EIN) OR SOCIAL SECURITY NUMBER (SSN)

PRIMARY BUSINESS ADDRESS

City

State

Zip Code

TELEPHONE NUMBER

FACSIMILE NUMBER

WEB ADDRESS

CERTIFICATIONS – I (We) certify to the following:

1. The Controlling Person has not changed as of the renewal submission.
2. The company maintains a Surety Bond in accordance with Illinois law and is responsible for reporting its continuance and/or cancellation.
3. The Agent of Service has not changed unless a new Agent of Service application has been submitted.

DESIGNATED CONTROLLING PERSON (Signature)

DESIGNATED CONTROLLING PERSON (Printed Name)

Dated