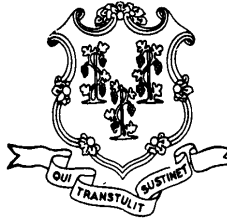


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
License Services Division
165 Capitol Avenue
Hartford, CT 06106
Email: dcp.licenseservices@ct.gov
Web site: www.ct.gov/dcp



APPRAISAL MANAGEMENT COMPANIES (AMC) LICENSE HISTORY/LETTER OF GOOD STANDING REQUEST FORM

I am requesting a License History/Letter of Good Standing on the following:

AMC License Number	<input type="checkbox"/> Active License <input type="checkbox"/> Lapsed or Expired License	Expiration Date of License	
Company Name			
Street Address	City	State	Zip Code
Telephone Number (with area code)	Email Address		

Indicate the Number of License History/Letter of Good Standing Requested

Number Requested

Name and Address where document(s) should be mailed (if different than above)

Signature	Date
------------------	-------------