



# ARIZONA DEPARTMENT OF FINANCIAL INSTITUTIONS

Lauren W. Kingry  
Superintendent of Financial Institutions

Douglas A. Ducey  
Governor

## LETTER OF GOOD STANDING/ HISTORY APPRAISAL MANAGEMENT COMPANY

Date:

Name of AMC:

AMC Registration Number:

Requestor's or State Name:

Send Letter to (Name and Address):

### {FOLLOWING TO BE COMPLETED BY DIVISION STAFF ONLY}

Full Name of AMC:	<input type="text"/>		
Registration Number:	<input type="text"/>		
Issue Date:	<input type="text"/>	Expiration Date:	<input type="text"/>
Standing:	___ Good Standing ___ Discipline (See Comments)		
Comments:	<input type="text"/>		

Completed by Name/Title:	<input type="text"/>		
Signed:	<input type="text"/>	Date:	<input type="text"/>

**RE: AMC License Verification from Arizona Department of Financial Institutions, Real Estate Appraisal Division**