



Ltr of Standing Request

Registration # _____

Documents Mailed/By _____

Arkansas Appraiser Licensing and Certification Board

900 West Capitol Avenue, Suite 400

Little Rock, AR 72201

www.arkansas.gov/alcb

501-296-1843

LETTER OF GOOD STANDING REQUEST

1. Name of Requestor:

Last,

First,

Middle Initial

2. Signature of Requestor: _____

Date: _____ Telephone Number: _____

3. I hereby request a Letter of Good Standing for the person named below:

Last,

First,

Middle Initial

Certification, License, or Registration Number: _____

4. Please mail to:

Last,

First,

Middle Initial

Mailing Address

City/State/Zip