



**Arkansas Appraiser Licensing and Certification Board**  
101 East Capitol, Suite 430  
Little Rock, AR 72201  
[www.arkansas.gov/alcb](http://www.arkansas.gov/alcb)  
501-296-1843

**FORM AMC-508**

Received: \_\_\_\_\_  
Received by: \_\_\_\_\_  
License number: \_\_\_\_\_  
Process Date: \_\_\_\_\_  
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Documents Mailed: \_\_\_\_\_

**FOR BOARD USE ONLY**

## AMC REQUEST FOR A LETTER OF GOOD STANDING

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 Appraisal Management Company named below:

\_\_\_\_\_  
Company name (AMC)

Registration Number: \_\_\_\_\_

4. Please mail to:

\_\_\_\_\_  
Last, First, Middle Initial

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/State/Zip