



Arkansas Appraiser Licensing and Certification Board

900 W. Capitol, Suite 400

Little Rock, AR 72201

REQUESTING 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 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