

**IOWA DIVISION OF BANKING  
APPRAISAL MANAGEMENT COMPANY SUPERVISION**

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## LETTER OF GOOD STANDING/REGISTRATION VERIFICATION

(Certification of Registration History)

<b>REQUESTOR INFORMATION</b>		
NAME (First, Middle, Last)	TITLE	
PRIMARY CONTACT NUMBER	QUANTITY ORDERED	
<b>AMC INFORMATION</b>		
AMC NAME	REGISTRATION #	FEDERAL ID #
AMC STREET ADDRESS		SUITE
CITY	STATE	ZIP CODE
<b>VERIFICATION SUBMISSION</b>		
MAIL TO <input type="checkbox"/> REGISTRANT <input type="checkbox"/> OTHER AGENCY (Specify name of person or company.) _____		
STREET ADDRESS (If different than above)		SUITE
CITY	STATE:	ZIP:
<b>PAYMENT INFORMATION</b>		
FEE \$25.00 <input type="checkbox"/> PAYMENT ENCLOSED (Check or money order made payable to "State of Iowa") <input type="checkbox"/> PLEASE BILL MY CREDIT CARD:  CREDIT CARD NUMBER _____ - _____ - _____ - _____ <i>Credit card must be Discover, Master Card, or Visa Only</i>  EXPIRATION MONTH AND YEAR: _____ / _____		
<b>PAYMENT AUTHORIZATION</b>		
NAME OF CARDHOLDER: _____		
SIGNATURE OF CARDHOLDER: _____ DATE _____		