



MAILING ADDRESS CHANGE FORM

SECONDARY DOCUMENT

MAC-5100

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
Division of Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786
800-560-6420

557 / 556 / 553

PURPOSE: This form is used when an Illinois licensed or certified appraiser has moved from the address of record to another address of record. An address of record may NOT be a post office box or a mailbox located within a retail postal business.

DIRECTIONS: Type or print legibly. The form must be completed in its entirety. If an area is not applicable, please indicate "N/A". Incomplete forms or forms completed that do not comply with the instructions will be returned to the applicant. The form must contain an ORIGINAL signature of the applicant. There is **NO FEE** for this form.

LICENSEE INFORMATION BEFORE CHANGE

Name _____

Appraisal License Number _____

Company Name (if any) _____

Address _____

City, State, Zip _____

Telephone/Cell _____

E-mail Address (if any) _____

Website (if any) _____

Section 1455.230 Address Change; Street Address

It is the responsibility of the licensee to notify the Division, in writing, of a change of address, e-mail address, or website address or addresses within 15 days after the change. The licensee shall provide a street address of the licensee's residence or business location. The licensee's address of record shall not be a Post Office Box or a mailbox located within a retail postal business.

LICENSEE INFORMATION AFTER CHANGE

Company Name (if any) _____

Address _____

City, State, Zip _____

Telephone/Cell _____

E-mail Address (if any) _____

Website (if any) _____

Signature of Licensee

Today's Date