

**ILLINOIS DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
DIVISION OF REAL ESTATE
320 WEST WASHINGTON STREET
SPRINGFIELD, IL 62786**

2020 REAL ESTATE RESIDENTIAL LEASING AGENT REINSTATEMENT

APPLICATION AND INSTRUCTIONS

READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. Complete and print page 2 of this document and MAIL with correct fee to the above address. **THIS FORM CANNOT BE SUBMITTED ELECTRONICALLY.**

License fee on or before:	09/30/2020	\$100.00
License fee on or after:	10/01/2020	\$150.00

2. Payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation. **FEES ARE NOT REFUNDABLE.** After reading the following instructions, if you have any questions call 800/560-6420.
3. Please make any name and/or address changes for your license in the area provided. **A P.O. Box must be accompanied by a street address.** CHANGE OF NAME MUST BE ACCOMPANIED BY DOCUMENTARY PROOF (ie., certified or photocopy of a marriage certificate, divorce decree, or court order). **A COPY OF YOUR SOCIAL SECURITY CARD OR DRIVER'S LICENSE IS NOT ACCEPTABLE.**
4. To reinstate to an active license status, your license must be actively sponsored. If you are changing sponsors or wish to become sponsored, you must complete a [SPONSOR CARD](#) or submit a request on the [IDFPR Online Portal](#). **The paper sponsor card requires a \$25 fee in addition to the reinstatement fee.** If you wish to reinstate without a sponsor, please check the relevant box on page 2. Doing so will place your license in Inactive status.
5. Licensees who have renewed previously are required to complete an 8-hour residential leasing agent Core continuing education (CE) course for this reinstatement. Licensees renewing for the first time following the issuance of their initial residential leasing agent license are not required to complete CE for this reinstatement. **Do not submit CE documentation with the reinstatement application. Retain all of your original CE certificates of completion.**
6. This form must be signed by the licensee. The managing broker only needs to sign this form if you are changing your sponsoring broker at this reinstatement.
7. Disclosure of applicant's Social Security Number is mandatory pursuant to 42 U.S.C. 666(a)(13) and 5 ILCS 100/10-65(c) for use under the State's child support enforcement program.

Check out our WEB SITE - www.idfpr.com—For information regarding IDFPR updates and on-line renewals.

Practice as a residential leasing agent after the expiration of your license shall constitute unlicensed practice which may result in civil/criminal penalties and discipline of your license.

2020 RESIDENTIAL LEASING AGENT REINSTATEMENT

LICENSE NO.:	SPONSOR LICENSE NO.:
NAME:	SPONSOR NAME:
ADDRESS:	<input type="checkbox"/> CHECK HERE IF CHANGE OF SPONSOR (Include \$25 fee)
ADDRESS LINE 2:	MANAGING BROKER NAME:
CITY, STATE, ZIP:	MANAGING BROKER LICENSE NO.:
<input type="checkbox"/> CHECK HERE IF CHANGE OF ADDRESS	

ALL QUESTIONS MUST BE ANSWERED – Incomplete applications will be returned.

YES NO

Are you more than 30 days in arrears on court ordered Child Support Payments?

CONTINUING EDUCATION REQUIREMENTS- (CHECK ONE ONLY).

- I HAVE FULLY COMPLIED** with the CE requirements for the 2020 reinstatement period. (CE MUST be completed prior to submission of this reinstatement application.) **DO NOT SUBMIT CE DOCUMENTATION WITH THIS APPLICATION.**
- I AM EXEMPT** from the CE requirements in accordance with the Real Estate License Act of 2000.

I understand that if I provide false/fraudulent information, I could lose my license, be fined up to \$25,000 or have other penalties assessed. Therefore, I declare that I have examined this form, and to the best of my knowledge, all statements are true, correct, and accurate. In addition, my signature authorizes the Illinois Department of Financial and Professional Regulation to conduct criminal background investigations. I also certify that the sponsoring broker indicated above (or indicated on a completed Sponsor Card if changing sponsors) is my sponsoring broker.

Printed Name _____ E-mail address _____

Your Signature _____

Social Security Number (last 4 digits) _____
(Disclosure of applicant's Social Security Number is mandatory pursuant to 42 U.S.C. 666(a)(13) and 5 ILCS 100/10-65(c) for use under the State's child support enforcement program.)

Managing Broker Signature* _____
*Required only if changing sponsoring broker on Sponsor Card.

Managing Broker License # _____

I wish to Reinststate without a Sponsoring Broker (all CE must be maintained and license will be Inactive)