



NAME \_\_\_\_\_

### ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION Restoration Application-Auctioneer and Auction Firm

440       441       444

1. Type or print in **black ink** only. Send only check or money order. Make remittance payable to the Illinois Department of Financial and Professional Regulation. **Fee is non-refundable.** The fee for a 440 or a 441 auctioneer includes a penalty fee of \$50.00, the restoration fee of \$675, and a sponsor card fee of \$25.00, if applicable. The fee for a 444 firm includes a penalty fee of \$50 and the restoration fee of \$375. **Complete the 45-DAY-PERMIT SPONSOR/FIRM INFORMATION (Not required for an auction firm or if you are not changing sponsors). In addition, Auctioneers are required to complete the CONSENT TO EXAMINE AND AUDIT. Failure to complete all forms attached, in entirety, will cause a delay in processing your restoration.**
2. Name change must be accompanied with proof. (i.e.; Copy of marriage license, divorce decree, court ordered or amended articles, etc.)
3. Send application, remittance and all attachments to the address listed below. If you have any questions, please call **800/560-6420 Monday through Friday.**

Illinois Department of Financial and Professional Regulation  
Division of Real Estate  
P.O. Box 7007  
Springfield, IL 62791

<b>License Number:</b>	<b>Applicant's Name:</b>
Processor: _____ Date: _____	<b>Indicate Mailing Address:</b>
<b>Expiration Date of License:</b> _____	<b>Social Security No:</b> _____
<b>Total Fee Due:</b> _____	<b>Email Address:</b> _____

**ALL PERSONAL HISTORY QUESTIONS MUST BE ANSWERED**

- YES     NO      **Are you more than 30 days in arrears on any court ordered Child Support Payments?**
- YES     NO      **Have you fully complied with the 12 hours of CE required for this restoration? (CE must be taken prior to the submission of this restoration application) DO NOT SUBMIT CE DOCUMENTATION WITH THIS APPLICATION.**

I understand that if I provide false/fraudulent information, I could lose my license, be fined 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.

My signature authorizes a representative of the Illinois Department of Financial and Professional Regulation to examine and audit special accounts that I maintain. In addition, my signature authorizes the Illinois Department of Financial and Professional Regulation to conduct criminal background investigations.

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Managing Auctioneer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# 45-DAY PERMIT SPONSOR CARD

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
320 West Washington Street, 3<sup>rd</sup> Floor  
Springfield, Illinois 62786  
800/560-6420

## 45-DAY PERMIT SPONSOR CARD

If you will be self-sponsored you must complete the 45-day permit on your own behalf.  
This form is required to be completed in order to apply for licensure as an Auctioneer.

### SPONSORED LICENSEE INFORMATION

(Note: Must be submitted within 24 hours of Issuance)

CURRENT DATE \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

NAME \_\_\_\_\_ SOC SEC NO. \_\_\_\_\_

DBA(if applicable) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, COUNTY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_ EMAIL: \_\_\_\_\_

### SPONSORING AUCTION FIRM OR AUCTIONEER INFORMATION

AUCTIONEER OR

AUCTION FIRM NAME \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

D/B/A (IF APPLICABLE) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_ EMAIL: \_\_\_\_\_

BY \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

### MANAGING AUCTIONEER SIGNATURE

Retain two copies, one for the sponsoring auctioneer/firm's records and one for the sponsored employee.  
If you have any questions, please contact our office at 800/560-6420.

Return Original To:  
Illinois Department of Financial and Professional Regulation  
Division of Real Estate  
320 West Washington Street, 3<sup>rd</sup> Floor  
Springfield, Illinois 62786

\$25 Fee\*

\*(NOT REQUIRED FOR NEW LICENSURE APPLICANT)



# CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS

Illinois Department of Financial and Professional Regulation

320 West Washington Street, 3<sup>rd</sup> Floor

Springfield, IL 62786

**Important Notice:** Completion of this form is necessary to accomplish the requirements outlined in Auction License Act [Public Act 91-0603]. Disclosure of this information is **REQUIRED**. Failure to comply may result in this form not being processed. This form has been approved by the Agency Forms Coordinator.

This form is required to be completed by all auctioneer and auction firm applicants whether or not you hold special accounts or escrow monies. Please mark the appropriate box. (This form is also to be used in the event your accounts should change.)

- I have one or more special accounts, and authorize a representative of Department of Financial and Professional Regulation to examine those accounts. **(Please complete Parts A , B and C of this form.)**
- I do not accept escrow monies, and do not hold monies belonging to others. Therefore, I do not maintain any special accounts. **(Please complete Part A and C of this form.)**

## PART A: AUCTIONEER/AUCTION FIRM INFORMATION

1. Name of Auctioneer or Auction Firm	4. Name of Responsible Person Other Than the Auctioneer
2. Mailing Address (Street, City, State, and Zip Code) P.O. Box if applicable  Email Address:	5. Mailing Address of Responsible Person (Street, City, State and Zip Code) P. O. Box (if applicable)
3. License number (Accounts held under)	6. Social Sec or FEIN Number

## PART B: DEPOSITORY AT WHICH SPECIAL ACCOUNT(S) ARE MAINTAINED.

### 1. Name and Street Address of Federally Insured Depository (Bank or Savings and Loan Association)

a. Name of Depository \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_

b. Name of Depository \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_

### 2. List Those Persons Authorized to Withdraw Funds from the Above-Named Special Account

Name	Title	License Number (if applicable)

## PART C: AUTHORIZATION TO EXAMINE AND AUDIT SPECIAL ACCOUNTS LISTED ABOVE

I hereby authorize the above named-depository to allow, at any time, a duly authorized representative of Illinois Department of Financial and Professional Regulation to examine and audit the above named special account(s). I am one of the individuals listed under Part B (2) above.

Printed Name of Managing Auctioneer

License Number

Date

Signature of Managing Auctioneer

Title