



**REAL ESTATE APPRAISAL EDUCATION PROVIDER  
RENEWAL APPLICATION**

PRIMARY DOCUMENT  
**EDU-555r**

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
Division of Professional Regulation  
320 West Washington Street, 3<sup>rd</sup> Floor  
Springfield, Illinois 62786  
[fpr.realestate@illinois.gov](mailto:fpr.realestate@illinois.gov)

Make the check payable to the Illinois Department of Financial and Professional Regulation. The fee is not refundable.

**License fee on or before: 12/31/2022 \$500.00**

**License fee on or after: 12/31/2022 \$550.00**

NAME OF EDUCATION PROVIDER		LICENSE #:	
DBA (if applicable)		FEIN or SSN	
MAILING ADDRESS			
CITY		STATE	ZIP
PHONE NUMBER	FAX NUMBER		
WEBSITE ADDRESS			
PRIMARY E-MAIL ADDRESS			
<b>APPRAISAL EDUCATION ADMINISTRATOR</b>			
NAME			
TITLE (President, Administrator, Owner, etc)			
E-MAIL ADDRESS			
PHONE NUMBER			
<b>I CERTIFY THAT:</b>			
<ol style="list-style-type: none"><li>1. If you or your company HAS BEEN DISCIPLINED here or in any other jurisdiction, it MUST be reported to this office if not previously reported.</li><li>2. I understand that if I provide false/fraudulent information, I may lose my license, be fined or have other penalties assessed.</li><li>3. I declare that I have examined this form and to the best of my knowledge, all statements are true, correct, and accurate. In addition, I (We) will maintain student records in accordance with Administrative Rules 1455.350.</li></ol>			
Signature		Date	