EXPERIENCE LOG EXCESS HOURS REQUEST

SECONDARY DOCUMENT

LOG-7575

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

This form is to be completed when an applicant is requesting experience hours that exceed the application matrix. The applicant will complete this form by typing or writing legibly as to why the excess hours requested should be allowed. Failure to include this form with any excess hours claimed will automatically result in those hours being reduced to matrix maximums. If the experience REQUIRED a signing supervisor they may be contacted to verify the excess hours claimed. This form MUST be submitted along with the completed **LOG-7500**. This form may NOT be submitted as a supplement. Completion of this form is NO guarantee that the hours requested will be granted.

APPLICANT IDENTIFYING INFORMATION

Name (Last, First, MI)

Indicate the level of certification for which you are applying:

☐ Certified Residential (556) ☐ Certified General (553)

Type of Property	Found on Page	Hours Claimed

Explain In Detail Why You Are Requesting Excess Hours For This Assignment

Signature

Date

505-0743