



# Illinois Department of Financial and Professional Regulation

## Division of Professional Regulation

### Request for Reinstatement of Illinois License

#### PLEASE PRINT

License No: \_\_\_\_\_ SSN or ITIN: \_\_\_\_\_ (last four only) Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Name: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CHECK HERE IF NAME OR ADDRESS CHANGE.** A name change must be accompanied by documentary proof. Proof must be a certified copy with an official stamp or seal and be one of the following: Marriage Certificate, Divorce Decree or Court Order.

#### CHECK THE APPROPRIATE ANSWER BELOW:

Are you more than 30 days delinquent in complying with a child support order? **NOTE:** If you are not subject to a child support order, answer "No".

NO YES

#### CHECK THE BOX IF YOU ARE A MILITARY SERVICE MEMBER AND /OR SPOUSE. (P.A. 101-0240) "Service

member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." Please submit proof of service.

I understand if I provide false/fraudulent information I could lose my license, be fined and/or have other penalties assessed. I also understand the FEES ARE NOT REFUNDABLE. Therefore, I declare that I have examined this form and, to the best of my knowledge, all statements are true, correct and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee, but in no event shall such reduction be made in an amount greater than \$50.

**INCOMPLETE REINSTATEMENT:** Incomplete forms will be returned and result in a substantial delay in the reissuance of your license. Please assure your reinstatement includes the following:

- Reinstatement form must be completed in full, include the required fee and a signature.
- Fee must be a check or money order, payable to the IDFPR. Do not mail cash.
- Verify the appropriate fee amount.
- Include any necessary and required supporting documentation such as: Proof of CE and completion of the **PHQ Form** (if applicable). Verification of the requirements are available on our website: [idfpr.illinois.gov](http://idfpr.illinois.gov)

#### SEND ALL REQUIRED INFORMATION AND PAYMENT TO:

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
DIVISION OF PROFESSIONAL REGULATION  
POST OFFICE BOX 7450  
SPRINGFIELD, IL 62791-7450