

Illinois Department of Financial and Professional Regulation

Division of Banking

BRUCE RAUNER Governor BRYAN A. SCHNEIDER Secretary

MICHAEL J. MANNION Director Division of Banking

APPLICATION FOR DUPLICATE LICENSE

IMPORTANT NOTICE

This State Agency is requesting disclosure of information that is necessary to determine compliance with the Residential Mortgage License Act of 1987. Disclosure of this information is MANDATORY. Failure to provide the information could result in a fine or licensing penalty under the Act. This form has been approved y the Agency Form Coordinator.

FILING INSTRUCTIONS

The Application for Duplicate License shall be filed to request a license replacement in the event the original license of the corporate office or a branch office is damaged or lost. A fee of \$50.00 paid by CASHIER'S CHECK, CERTIFIED CHECK OR MONEY ORDER, payable to the Illinois Department of Financial and Professional Regulation, shall accompany the application. Company and personal checks will NOT be accepted. A licensee filing an Application for Duplicate License must also file an Affidavit of Lost, Destroyed or Stolen Residential Mortgage License.

All checks are processed in our Springfield office, therefore, please mail all checks and the Application for Duplicate License to 320 West Washington Street, 5th Floor, Springfield, IL 62786. Because licensing functions are executed in the Mortgage Banking Section, all questions should be directed to 312-793-1409/fax 312-793-1490/TDD 312-793-0291.

APPLICANT INFORMATION (Please print or type.)		
License Number		
(Include branch extension number if applicable. Example: li	cense number-001, -002, -003)	
License Name		
Address —		
City, State, Zip		
Phone	Fax	
Contact Person/Title		
Contact Person Email		
Reason for Replacement		

VERIFICATION
Signature(s) of person(s) required to execute this form in accordance with Title 38, Chapter II, Part 1050 of the Illinois Administrative Code:

Signature	Title
Signature	Title
Signature	Title
Signature	Title
STATE OF	Subscribed and sworn to before me this
COUNTY OF	day of
Notary Signature	(SEAL)