STATE OF ILLINOIS
Department of Financial
and Professional Regulation

Reciprocity Application
for Licensure Under the
Real Estate License Act

Illinois Department of Financial and
Professional Regulations
Division of Real Estate
320 West Washington Street
Springfield, IL 62786
Phone: 800-560-6420

IL 505-0347 (Rev 1/16)
Broker/Managing Broker Professions

Important Notice: Completion of this form is necessary to accomplish the requirements outlined in the Illinois Real Estate License Act of 2000 (225 ILCS 454). Disclosure of this information is REQUIRED. Failure to comply may result in this application not being processed. This application has been approved by the Agency Forms Coordinator.

I. APPLICATION INSTRUCTIONS FOR LICENSURE ON THE BASIS OF RECIPROCITY:

a) You must be actively licensed by examination in the state from which you are applying.

b) Illinois must have a written reciprocal agreement with the state in which you are currently licensed by examination.

c) You must take and pass the Illinois portion of the licensure examination.

d) Your sponsor must have an active broker or managing broker license in Illinois. A managing broker can self-sponsor. After 4/30/2012, your sponsor must have a managing broker license.

e) For Managing Broker Applicants only: your broker license must have been in an active status during the immediately preceding two years.

IF YOU DO NOT MEET THE ABOVE QUALIFICATIONS, YOU MUST APPLY FOR LICENSURE ON THE BASIS OF EXAMINATION.

DO NOT COMPLETE THIS APPLICATION TO APPLY FOR THE REAL ESTATE EXAMINATION.

Any license issued under these provisions shall be valid, and may be renewed provided the reciprocal state maintains an agreement with Illinois. If licensee establishes residence in Illinois, the licensee must notify the office of his/her new address.

II. Please read the entire instructions before completing the application. Complete only the necessary steps that apply to you. To obtain assistance in completing this application, please call 800-560-6420, (TTY) 866-325-4949.

Original/Official Documents – Original/Official documents will be returned if you provide a copy of document(s) and a self-addressed stamped envelope.

1. Type or print legible with black ink only.

2. Your Social Security number is required to be on your application for our identification use only.

3. All forms are required to be completed in their entirety:
   a. Personal History and Non-resident Consent.
   b. Certification of Licensure - must be completed by the state of original licensure and your current state of licensure.
   c. Managing Broker Applicants Only – Broker experience is to be completed by your sponsoring broker verifying active practice as a broker for a minimum of 2 years immediately prior to submission of this application. A self-employed broker needs to complete the employer section on his own behalf.
   d. Submit your pass notice for the Illinois Portion of the examination.
   e. Broker fee required: $125. Managing Broker fee required: $150. Must be in the form of a check or money order payable to:

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION.

Mail application with all supporting documentation and fee to:
Illinois Department of Financial and Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, IL  62786
RECIPROCITY APPLICATION
Illinois Department of Financial and Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, IL 62786

PART I. APPLICATION FOR THE FOLLOWING PROFESSION

1. Profession Name for which this application is being completed: (Managing Broker) fee: $150
   (Broker) fee: $125

PART II. APPLICANT'S PERSONAL INFORMATION

1. NAME (Last, First and Middle)  
2. SOCIAL SECURITY NUMBER (Required)

3. PERMANENT MAILING ADDRESS — Any change of address must be submitted in writing to the IDFPR.

   Street Address

   City, State Zip Code

   Email Address

4. Maiden, given surname, or any name(s) under which supporting documents will be submitted.

5. Place of Birth  
6. Date of Birth  
7. Age  
8. Sex


9. Telephone Number(s)

   Daytime( _ _ _ ) _ _ _ - _ _ _ _  
   Evening( _ _ _ ) _ _ _ - _ _ _ _

PART III. Licensure History

<table>
<thead>
<tr>
<th>State Of Original Licensure</th>
<th>Profession</th>
<th>License Number</th>
<th>Original Issue Date</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Broker</td>
<td></td>
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<tr>
<td></td>
<td>Salesperson</td>
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<tr>
<td>State(s) of Current Licensure</td>
<td>Broker</td>
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<tr>
<td></td>
<td>Salesperson</td>
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<tr>
<td>Other State(s) of Licensure</td>
<td>Broker</td>
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<tr>
<td></td>
<td>Salesperson</td>
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</tbody>
</table>

IL 505-0347 (Rev 1/16)
### PART IV. PERSONAL HISTORY QUESTIONS (ALL MUST BE ANSWERED)

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you a high school graduate or have you received a G.E.D.?</td>
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<tr>
<td>2. Have you been convicted in ANY state or federal jurisdiction, including military courts, of a felony?</td>
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<tr>
<td>3. Have you been convicted in ANY state or federal jurisdiction, including military courts, of any crime of which an essential element was dishonesty?</td>
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<tr>
<td>4. Have you ever held, or do you currently hold, a real estate license in any other state/jurisdiction?</td>
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<tr>
<td>5. Have you been denied a professional license or permit or the privilege of taking an examination?</td>
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<tr>
<td>6. Have you ever had a professional license or permit disciplined by any licensing authority in Illinois or any other state/jurisdiction?</td>
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<tr>
<td>7. Have you ever been discharged from the armed services, other than honorable, or from a city, county, state, or federal position?</td>
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<tr>
<td>8. Are you more than 30 days in arrears on any court ordered child support payments?</td>
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<tr>
<td>9. Are you in arrears on any state taxes due to the Illinois Department of Revenue?</td>
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<tr>
<td>10. Are you in arrears on any student loan acquired through the Illinois Student Assistance Commission?</td>
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</tr>
</tbody>
</table>

### MANAGING BROKERS ONLY

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. The managing broker has been actively practicing as a managing broker’s state of licensure for a period of not less than 2 years, immediately prior to the date of application.</td>
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</tr>
</tbody>
</table>

### PART V. EXPERIENCE VERIFICATION - This must be completed and signed by your sponsoring broker.

<table>
<thead>
<tr>
<th>Applicant Name Last   First   Middle</th>
<th>Sponsoring Broker Name</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firm Address Street City, State and Zip</td>
<td>Firm License Number (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Firm Telephone Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Employment</th>
<th>From <strong>/</strong>/____ To <strong>/</strong>/____</th>
</tr>
</thead>
<tbody>
<tr>
<td>month/day/year</td>
<td>month/day/year</td>
</tr>
</tbody>
</table>

Please provide a brief description of the license activities performed by the applicant.

Under penalties of perjury, I hereby declare that this information is true and correct.

<table>
<thead>
<tr>
<th>Sponsoring Broker’s Name (Printed)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

### PART VI. NON-RESIDENT CONSENT/CERTIFYING STATEMENT

I hereby consent with the IDFPR that actions may be commenced against me in a court of competent jurisdiction in this State by the service of summons, process, or other pleading authorized by the law upon this Agency. The consent shall stipulate and agree that service of the process, summons, or pleading upon the Agency shall be taken and held in all courts to be valid and binding as if actual service had been made upon the applicant in Illinois.

### CERTIFYING STATEMENTS

I hereby attest to having read and understood the Illinois Real Estate Licensing Act of 2000, Rules and agree to abide by all provisions contained therein. I hereby submit this application, and upon oath states and verifies that all statements made are true, correct and are made for the purpose of securing a license under the Real Estate License Act of 2000.

<table>
<thead>
<tr>
<th>Typed/Printed Name of Applicant</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Applicant</td>
<td></td>
</tr>
</tbody>
</table>

IL 505-0347 (Rev 1/16)
CERTIFICATION BY LICENSING AGENCY /BOARD
ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
Division of Real Estate
320 West Washington Street
Springfield, IL 62786

REAL ESTATE LICENSING 800/ 560-6420

APPLICANT: Complete this section only. Forward it to the state from which you are requesting certification by a licensing agency/board. Contact certifying state for appropriate fee. You are authorized to photocopy this form as necessary if licensed in more than one state.

1. Name Last First Middle  
2. Date of Birth Month Day Year  
3. Social Security Number  
4. Address Street, City, State, Zip Code  
5. Maiden or Given Surname  
6. Indicate Profession Name for Which You Are Applying:  
   - Managing Broker  
   - Broker  
   - Instructor  
7a. Name of Profession as it appears on license from the state to which this form is being forwarded.  
7b. License Number  
7c. Issuance Date of License  
7d. Licensed by  
   - Examination  
   - Reciprocity  

I hereby authorize ___________________________ to furnish to the Illinois Department of Financial and Professional Regulation, the information requested below.

Signature of Applicant: ___________________________ Date: ___________________________

LICENSING AGENCY: Other forms of Certification will be accepted, provided all applicable information requested on this form is contained in the Certification, Return completed form directly to the applicant.

CERTIFICATION OF LICENSE
A. Name of Profession as it appears on license  
B. License Number  
C. Issuance Date of License  
D. Expiration Date of License  
E. Current License Status  
   - Active  
   - Lapsed  
   - Inactive  
   - Other (Explain)  
F. Reciprocal Registration  
   - This State does  
   - does not have a reciprocal agreement with Illinois.  

G. Is there now or has there ever been any disciplinary action commenced against the applicant?  
   - Yes  
   - No  

H. If “G” is answered yes, has there ever been any formal sanctions imposed against the applicant’s license as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? (If yes, attach a certified copy of disciplinary action.)  
   - Yes  
   - No  

I certify that the information contained herein is true and correct according to the official records of this state.

Signature ___________________________  
Agency/ Board Street Address, City, State, Zip Code and Telephone Number  
Print Name ___________________________  
Title ___________________________  
Date ___________________________  

EMBOSSED SEAL

IL 505-0340 (Rev 1/16)
CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS

Illinois Department of Financial and Professional Regulation
Division of Real Estate
320 West Washington Street
Springfield, IL 62786
Real Estate Licensing 800/560-6420

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☐ I have one or more special accounts, and authorize a representative of the Illinois Department of Financial and Professional Regulation to examine those accounts. (Please complete both Parts A and B 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 only Part A of this form.)

PART A: SPONSORING BROKER INFORMATION

1. Name of Individual Managing Broker (Sole Proprietor), Partnership, Corporation, or Limited Liability Company

2. Business Address (Street, City, State, Zip Code)

3. Telephone Number (_ _ _ _) _ _ _ - _ _ _ _

4. License Number

PART B: DEPOSITORY AT WHICH REAL ESTATE SPECIAL ACCOUNT(S) ARE MAINTAINED. A separate Consent to Audit form is required for each depository at which you maintain special account(s). Copy this form as needed.

1. Name and address of Bank or Savings and Loan Association

2. Specific Special Accounts to be Examined and Audited

Title(s) of Special Account(s) | Account Number | Identifying Number(s) Required by IRS (FEIN or Social Security No.)
---|---|---

3. List Those Persons Authorized to Withdraw Funds From the Above-Named Special Account

Name | Sex | Title | License Number
---|---|---|---

I hereby authorize the above named-depository to allow, at any time, a duly authorized representative of the 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(3) above.

Signature of Managing Broker | License Number | Date
---|---|---

Title

IL 505-0341 (Rev 1/16)
I hereby consent with the IDFPR that actions may be commenced against me in a court of competent jurisdiction in this State by the service of summons, process, or other pleading authorized by the law upon this Agency. The consent shall stipulate and agree that service of the process, summons, or pleading upon the Agency shall be taken and held in all courts to be valid and binding as if actual service had been made upon the applicant in Illinois.

CERTIFYING STATEMENT
I hereby attest to having read and understood the Illinois Real Estate Licensing Act of 2000, Rules and agree to abide by all provisions contained therein. I hereby submit this application, and upon oath states and verifies that all statements made are true, correct and are made for the purpose of securing a license under the Real Estate Act of 2000.

Typed/Printed Name of Applicant

Date

Signature of Applicant