IDFPR
Illinois Department of
Financial and Professional Regulation
Division of Banking

PAWNBROKER INDUSTRY REPORTING FORM

Section 10-55 of the Pawnbroker Regulation Act of 2023 ("Act") provides that a person licensed under the Act, or any other person, may report possible violations of the Act to the Secretary of the Illinois Department of Financial and Professional Regulation ("IDFPR").

I. REPORTING ENTITY INFORMATION

Report type: _____initial report _____update _____correction

Date of submission _____ License number (if applicable) _____

Reporting company's name (if applicable) _____

Reporting person's name _____

Phone _____ Email _____

I certify that, to the best of my knowledge, the information being reported herein is true and accurate.

Reporting person's signature _____

Title _____

II. INCIDENT INFORMATION

(Complete Addendum A for each incident, Addendum B for each person involved, and Addendum C for each company involved.)

1. The incident being reported involves:

   _____ Your company

   _____ Third party

   _____ N/A

2. Date of incident _____

3. Was the incident reported to any regulatory, governmental or law enforcement agency?

   _____No _____Yes

   If "yes," to which agency _____ Date reported _____

4. Information submitted supporting incident being reported – **check all that are applicable**.

   _____Document evidence

   _____Signed statement received

   _____One witness's signed statement

   _____Sworn testimony

   _____Affidavit received

   _____Two witnesses' signed statements

ADDENDUM A. INCIDENT INFORMATION

Complete an Addendum A for each incident being reported.

NOTE: If you do not submit documentation verifying the incident, you may be contacted by the Department for further information.

This addendum is limited to two typewritten pages, which should be attached to this form.

ADDENDUM B. PERSON INVOLVED

Complete an Addendum B for each alleged person involved in the violation you are reporting.

Individual's name _____

Individual's phone number _____ Email _____

Company that the individual is employed by (if known) _____

Company street address _____

City _____ State _____ Zip _____

Company taxpayer identification (if known) _____

Company phone number _____ Email _____

Other identifying information on individual: _____

_____

_____

_____

_____

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ADDENDUM C. COMPANY INVOLVED

Complete an Addendum C for each alleged company involved in the violation you are reporting.

Company name (if known) _____

Company street address _____

City _____ State _____ Zip _____

Company taxpayer identification (if known) _____

Company phone number _____ Email _____

Company license number (if known) _____

Other identifying information on company (branches): _____

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