



**Illinois Department of Financial and Professional Regulation**  
**Division of Financial Institutions**  
**Request for Reinstatement of Illinois License**

**PLEASE PRINT**

License No: \_\_\_\_\_

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 updated Certificate of Good Standing from the Illinois Secretary of State.

Please attach a copy of an active surety bond or continuation certificate. If your company is a debt buyer, please include a letter stating that your company is a debt buyer

**Certification Statement**

Under penalties of perjury, I declare that I have examined this Form and all supporting documents and/or information submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete. 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.**

**Payment Method**

Check / Money Order in the amount of \$1000 per license/\$600 per branch license. Check Number: \_\_\_\_\_

**Send form, attachments, and check to:**

Department of Financial and Professional Regulation  
Consumer Credit Section  
Attn: Phil Sanson  
320 W. Washington Street, 2nd Floor  
Springfield, IL 62786

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

**INCOMPLETE REINSTATEMENT:** Incomplete forms will be returned and result in a substantial delay in the reissuance of your license. Please assure your reinstatement application is completed in full and includes the required fee and your signature. Fee must be a check or money order, payable to the IDFPR. Do not mail cash.