



# RESTORATION APPLICATION

Residential Leasing Agent / Broker / Managing Broker

# RS

**IMPORTANT NOTICE:** Completion of this form is required for consideration under 225 of the Illinois Compiled Statutes. Disclosure of this information is voluntary. Failure to comply may result in this form not being processed.

OFFICIAL USE ONLY

**\* NOTE: COMPLETE THIS FORM ONLY IF YOUR LICENSE HAS BEEN EXPIRED IN EXCESS OF 2 YEARS BUT LESS THAN 5 YEARS.**

## PART I: Application Category Information

1. Record the profession name, three digit profession code for which you are making application, and total fees due.  
Profession Codes: ( 473-Leasing agent 475-Broker 471-Managing Broker )

2. PROFESSION NAME

3. PROFESSION CODE

4. FEE = \$75.00 late fee + sum of all lapsed renewal fees

\$ \_\_\_\_\_

## PART II: Applicant Identification Information

5. NAME

6. U.S. SOCIAL SECURITY NO. (or ITIN)

LAST

FIRST

MIDDLE

7. PERMANENT MAILING ADDRESS

STREET

CITY

STATE/PROVINCE

POSTAL CODE

8. DATE OF BIRTH MM/DD/YYYY

9. MAIDEN OR GIVEN SURNAME

10. PHONE NUMBER

11. E-MAIL ADDRESS OF RECORD (required)

12. NAME AS IT APPEARS ON EXPIRED / INACTIVE LICENSE

13. EXPIRED/INACTIVE LICENSE NUMBER  
XXX-XXXXXX

14. ISSUANCE DATE OF EXPIRED / INACTIVE  
LICENSE MM/DD/YYYY

15. DATE EXPIRED / INACTIVE  
MM/DD/YYYY

16. IF YOU ARE RESTORING A RESIDENTIAL LEASING AGENT LICENSE—SUBMIT PROOF OF COMPLETION OF THE 8 HOUR RESIDENTIAL LEASING AGENT CORE COURSE.

17. IF YOU ARE RESTORING A BROKER LICENSE—SUBMIT PROOF OF COMPLETION OF 12 HOURS OF CE (4 HOURS OF CORE, 8 HOURS OF ELECTIVES), PROOF OF COMPLETION OF POST-LICENSE EDUCATION, AND PROOF OF COMPLETION OF A 1-HOUR SEXUAL HARASSMENT PREVENTION TRAINING COURSE.

Note: If the post license education was completed during your first license term, the Division will accept proof of completion in the form of a Uniform Real Estate Transcript issued by the education provider of the courses. If the post license education was not previously completed, you must complete the post license education prior to submitting this application.

18. IF YOU ARE RESTORING A MANAGING BROKER LICENSE, SUBMIT PROOF OF COMPLETION OF 12 HOURS OF CE (4 HOURS OF CORE, 8 HOURS OF ELECTIVES), THE 12 HR BROKER MANAGEMENT CE COURSE, AND A 1 HOUR SEXUAL HARASSMENT PREVENTION TRAINING COURSE.

**19. LIST THE STATE(S) AND DATES WHERE YOU HAVE BEEN PRACTICING SINCE YOUR ILLINOIS LICENSE EXPIRED OR WAS PLACED ON INACTIVE STATUS. INCLUDE A BREIF DESCRIPTION OF DUTIES PERFORMED.**

STATE	NAME OF BUSINESS/INSTITUTION	DATES		DESCRIPTION OF DUTIES	LICENSE DISCIPLINED? (Y/N)
		From (Mo/Yr)	To (Mo/Yr)		

**PART III: Personal History Information**

<b>Note: This section <u>must</u> be completed by all applicants. The questions below are in reference to the time since your license has expired/placed inactive.</b>	YES	NO
20. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office and a personal statement.</i>		
21. Have you been convicted of a felony? <i>If yes, attach a detailed explanation.</i>		
22. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
23. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		
24. Have you been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

**PART IV: Child Support Information**

<b>Note: You are <u>required</u> by law to respond to the following question.</b>	YES	NO
25. <b>Are you more than 30 days delinquent in complying with a child support order?</b> <i>(Mark NO if you are <u>not</u> subject to any child support order). This question is in accordance with 5 Illinois Compiled Statutes 100/10-65(c).</i>		

**PART V: Sponsorship**

	YES	NO
26. <b>Do you currently have an actively licensed Sponsoring Broker?</b>		

*If NO - which of the following best describes your situation:*

Restore License without a sponsoring broker (license will be inactive)

Sponsor Card attached (\$35 fee)

**PART VI: AFFIDAVIT**

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith and to the best of my knowledge, they are true, correct, and complete. I further declare that I have READ and UNDERSTAND the Real Estate License Act of 2000 and the Administrative Rules for the profession I am seeking exam approval for or licensure thereof.

**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature below authorizes the Department 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 hereunder, but in no event shall such reduction be made in an amount greater than \$50.

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

\_\_\_\_\_  
Date

**Mail your completed application, fee and any supporting documents to:**

Illinois Department of Financial and Professional Regulation  
P.O. Box 7570  
Springfield, Illinois 62791-7570

**Have Questions?**

email: [fpr.realestate@illinois.gov](mailto:fpr.realestate@illinois.gov)