ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

DIVISION OF REAL ESTATE
320 WEST WASHINGTON STREET
SPRINGFIELD, IL 62786

REAL ESTATE MANAGING BROKER REINSTATEMENT

2021 REAL ESTATE MANAGING BROKER REINSTATEMENT APPLICATION AND INSTRUCTIONS

READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. Complete and print page 2 of this document and MAIL with correct fee to the above address. THIS FORM CANNOT BE SUBMITTED ELECTRONICALLY.

   License fee on or before**:** **04/30/2021** **$200.00**
   License fee on or after: **05/01/2021** **$250.00**

2. Payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation. **FEES ARE NOT REFUNDABLE.** If you have any questions after reading the instructions below call 800-560-6420.

3. Please make any name and/or address changes for your license in the area provided. **A P.O. Box must be accompanied by a street address.** CHANGE OF NAME MUST BE ACCOMPANIED BY DOCUMENTARY PROOF (ie., certified or photocopy of a marriage certificate, divorce decree, or court order). **A COPY OF YOUR SOCIAL SECURITY CARD OR DRIVERS LICENSE IS NOT ACCEPTABLE.**

4. To reinstate to an active license status, your license must be actively sponsored. If you are changing sponsors, or wish to become sponsored with this reinstatement, you must submit a SPONSOR CARD. **This requires a $25 fee in addition to the reinstatement fee.** If you wish to reinstate your license without a sponsor, please check the relevant box on page 2. Doing so will place your license in Inactive status.

5. **Continuing Education Requirements:**
   24 Hours of CE:
   - **A 4-hour Core course,**
   - **A minimum of 8 hours of Elective courses, including a 1-hour Sexual Harassment Prevention Training, and**
   - **The 12-hour Broker Management CE Course**

   Do not submit CE documentation with the reinstatement application. Retain all of your original CE certificates of completion.

   CE Exemptions: Licensees who have served in the armed services of the United States during the pre-renewal period, and Illinois licensed attorneys who hold a current ARDC card (a copy of the card must be provided with this form).

6. This form must be signed by the applicant. The designated managing broker only needs to sign this form if you are changing your sponsoring broker at this reinstatement.

****Check out our WEB SITE www.idfpr.illinois.gov–For information regarding IDFPR updates ****
Practice of real estate after the expiration of your license shall constitute unlicensed practice which may result in civil/criminal penalties and discipline of your license.

IL 505-0580 (Rev 3/21) This form has been approved by the Agency Forms Coordinator.

2021 MANAGING BROKER REINSTATEMENT

LICENSE NO.:	SPONSOR LICENSE NO.:
NAME:	SPONSOR NAME:
ADDRESS:	☐ CHECK HERE IF CHANGE OF SPONSOR (Include $25 fee)
ADDRESS LINE 2:	DESIGNATED MANAGING BROKER NAME:
CITY, STATE, ZIP:	DESIGNATED MANAGING BROKER LICENSE NO.:
☐ CHECK HERE IF CHANGE OF ADDRESS	

ALL QUESTIONS MUST BE ANSWERED – Incomplete applications will be returned.

YES NO

☐ ☐ **Are you more than 30 days in arrears on court ordered Child Support Payments?**

CONTINUING EDUCATION REQUIREMENTS- (CHECK ONE ONLY).

☐ I have fully complied with the CE requirements for this renewal period. (CE must be taken prior to submission of this reinstatement application) **DO NOT SUBMIT CE CERTIFICATES OF COMPLETION WITH THIS REINSTATEMENT.**

☐ I am exempt from the CE requirements in accordance with the Real Estate License Act of 2000.

I understand that if I provide false/fraudulent information, I could lose my license, be fined up to $25,000 or have other penalties assessed. Therefore, I declare that I have examined this form, and to the best of my knowledge, all statements are true, correct, and accurate. In addition, my signature authorizes the Illinois Department of Financial and Professional Regulation to conduct criminal background investigations. I also certify that the sponsoring broker indicated above (or indicated on a completed Sponsor Card if changing sponsors) is my sponsoring broker.

Printed Name_____ **E-mail address**_____

Your Signature_____

Social Security Number (last 4 digits) _____
(Disclosure of applicant's Social Security Number is mandatory pursuant to 42 U.S.C. 666(a)(13) and 5 ILCS 100/10-65(c) for use under the State's child support enforcement program.)

Designated Managing Broker Signature*_____
***Required only if changing sponsoring broker on a Sponsor Card.**

Designated Managing Broker License #_____

☐ **I wish to Reinstate without a Sponsoring Broker (all CE must be maintained, and the license will be Inactive)**