



REAL ESTATE VIRTUAL OFFICE REGISTRATION [495]

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

Division of Real Estate - 320 West Washington Street, 3rd Floor, Springfield, Illinois 62786

The Illinois Real Estate License Act of 2000 ("Act") authorizes the Department of Financial and Professional Regulation ("Department") to adopt rules to permit and regulate the operation of virtual offices that do not have a fixed location. (225 ILCS 454/5-45(f)). The Department has adopted rules as a result of this grant of authority (68 Ill. Adm. Code 1450.610). Disclosure of this information for a principal office is required and completion of this virtual office form is necessary to be in compliance with the Act and Rules.

1. Type or print legibly. **NO FEE REQUIRED FOR ACTIVELY LICENSED SPONSORING BROKERS**
2. The Consent to Examine and Audit Special Accounts form must be properly completed using the principal office name.
3. The name of the virtual office and that of any associated offices shall be the same.

VIRTUAL OFFICE INFORMATION

Designated Managing Broker Name:	Designated Managing Broker License #:
Designated Managing Broker's Email address:	Designated Managing Broker's Phone #:
Virtual Office URL/Digital Address (Electronic address of the Virtual Office):	Virtual Office Phone #:

BUSINESS INFORMATION

Type of Business:	Business Name (if sole proprietor, enter individual name):
<input type="checkbox"/> Corporation	
<input type="checkbox"/> Limited Liability Company	Federal Tax ID (EIN/SSN) for Business:
<input type="checkbox"/> Partnership	
<input type="checkbox"/> Sole Proprietor	Real Estate License # (enter "pending" if not yet assigned):

City or geographic location and state where brokerage services are offered (additional locations may be attached separately):

What platform will host the Virtual Office (The primary software or digital platform for operating the Virtual Office):



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Please confirm all operations of the Virtual Office are fully integrated and secure including but not limited to, record keeping, transaction management, escrow records and business administration.

Note: As part of the registration process the Department may contact you for verification.

☐ Yes, I confirm all operations meet the requirements

Please provide a physical address, or the physical address of the firm's registered agent within Illinois:

Physical Illinois Address (Street):

Physical Illinois Address (City/State/Zip):

Phone:

Registered Agent Name (If applicable):

Email:

CERTIFICATION AND AUTHORIZED SIGNATURE

I hereby certify that I personally completed this form, that the information is true and correct, and that I am legally authorized to sign for this firm. I further certify that each Member not licensed in the State of Illinois is not actively participating in the brokerage business as defined in the Administrative Rules 68 Ill. Adm. Code. 1450 for the Illinois Real Estate License Act of 2000.

Signature of Authorized Party

Date

Printed Name of Authorized Party



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

Important Notice: Completion of this form is necessary to comply with the requirements outlined in the Illinois Real Estate License Act of 2000 (225 ILCS 45) and corresponding Administrative Rules (68 Ill. Adm. Code. 1450). Disclosure of this information is REQUIRED.

Any changes made from the information provided below must be reported to the Division of Real Estate within 10 days.

- ☐ 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

Name of Designated Managing Broker:	Designated Managing Broker License Number:
	Email Address:
Sponsoring Broker Address (Street, City, State, Zip Code):	Sponsoring Broker Name:
	License Number:
	Email Address:

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.

Name and address of Bank or Financial Institution

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.)

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

Name	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 Principal Officer

License Number

Date

Printed Name of Principal Officer