

# You may now pay this fee Online!



Beginning June 5, 2024, this new payment option will be available for Division of Real Estate licensure related fees.

Applicants and licensees may submit one-time payments online in place of sending a check or money order.

To pay online, please visit <https://idfpr.illinois.gov/epay.html>.

Once paid, complete the Payment Method section below and email your application, supporting documents, and this page to [fpr.realestate@illinois.gov](mailto:fpr.realestate@illinois.gov).

Access the  
ePay site via  
QR Code here



**Important:** Please complete the "Payment Method" section below for each application to ensure proper handling:

## Payment Method

\_\_\_ Online – Paid Online at: <https://idfpr.illinois.gov/epay.html> in the amount of \_\_\_\_\_. Approved # \_\_\_\_\_

\_\_\_ Check/Money Order. Check# \_\_\_\_\_

Application Type: "Renewal"

ILLINOIS DEPARTMENT OF FINANCIAL AND  
PROFESSIONAL REGULATION

DIVISION OF REAL ESTATE

PO Box 7570

SPRINGFIELD, IL 62791-7570

**2024 REAL ESTATE BROKER RENEWAL APPLICATION**

**READ THE BELOW INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1. **Complete the entire application.** If your license has been expired for more than 2 years, DO NOT use this application. A Restoration application must be submitted instead, which can be found on the Division's website: <https://idfpr.illinois.gov>.

**Renewal Fee:**

**Before 4/30/2024: \$200.00**

**After 4/30/2024: \$275.00**

2. Payment may be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation, or submitted electronically (see ePay cover page for instructions). **FEES ARE NOT REFUNDABLE.**
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 DRIVER'S LICENSE IS NOT ACCEPTABLE.**
4. If you are changing sponsors, or the sponsor number is incorrect, or no number is indicated, your sponsor must complete a [SPONSOR CARD](#). **This requires a \$35 fee in addition to the renewal fee above.** If you wish to renew without a sponsor, please check the relevant box on the application form. Doing so will place your license in Inactive status.
5. **Continuing Education Requirements:**

**45-Hours of Post License Education (if this is your FIRST RENEWAL):**

**Only brokers renewing for the FIRST TIME must complete 45-Hours of Post License education. CE is not required for your first license renewal.**

**12-Hours of CE (if you have renewed previously):**

**The CE must consist of:**

- A 4-hour Core course and a minimum of 8 hours of Elective courses.
- 1 hour of Sexual Harassment Prevention Training is mandatory for all licensees subject to a CE requirement. See the FAQ for this requirement [here](#).

**Note: All courses must be completed through an approved education provider. All education must be completed prior to submitting your reinstatement application. Do not submit course completion documentation with the reinstatement application. Retain all of your original CE Certificates of Completion/transcripts.**

**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 managing broker only needs to sign this form if you are changing your sponsoring broker at this reinstatement.
7. **Once issued, licensees may obtain their license(s) by going to <https://idfpr.illinois.gov/fpr-applications/getmylicense/select.html>**

***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.***

## 2024 BROKER RENEWAL APPLICATION

LICENSE NO.:	SPONSOR LICENSE NO.:
NAME:	SPONSOR NAME:
ADDRESS:	<input type="checkbox"/> CHECK HERE IF CHANGE OF SPONSOR (Include \$35 fee)
ADDRESS LINE 2:	MANAGING BROKER NAME:
CITY, STATE, ZIP:	MANAGING BROKER LICENSE NO.:
<input type="checkbox"/> CHECK HERE IF CHANGE OF ADDRESS	

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

YES NO

- Are you delinquent on State taxes or child support payments? If yes, submit a statement concerning any payment agreement and an official document from the Illinois Department of Revenue or the Illinois Department of Healthcare and Family Services relating to your agreement.
- Are you a business owner or an employer and delinquent on workers' compensation obligations as determined by the Illinois Workers' Compensation Commission or the Department of Insurance? If yes, submit a statement concerning any agreement reached and an official document from the Illinois Workers Compensation Commission or the Illinois Department of Insurance relating to your agreement.

**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 application)  
**DO NOT SUBMIT CE CERTIFICATES OF COMPLETION WITH THIS RENEWAL.**
- 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 or ITIN (last 4 digits) \_\_\_\_\_  
 (Disclosure of applicant's Social Security Number or ITIN 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.)

Managing Broker Signature\* \_\_\_\_\_  
 \*Required only if changing sponsoring broker on Sponsor Card.

Managing Broker License # \_\_\_\_\_

I wish to Renew without a Sponsoring Broker (all CE must be maintained and license will be Inactive)