

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.

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"



2024 HOME INSPECTOR LICENSE RENEWAL APPLICATION AND INSTRUCTIONS

Illinois Department of Financial and Professional Regulation
Division of Real Estate
320 West Washington Street, 3rd Floor
Springfield, IL 62786
fpr.realestate@illinois.gov

***This form is used to renew your current license into the next license term. If your license is expired, please contact us for the correct application form at FPR.RealEstate@illinois.gov.**

1. Complete and print page 2 of this document and submit with the applicable fee to the above address.

License fee on or before:	11/30/2024	\$400
License fee on or after:	12/01/2024	\$450

2. Payment may be submitted electronically, or in the form of a check or money order, made payable to the IDFPR. **FEES ARE NON-REFUNDABLE**. After reading the following instructions, if you have any questions, please send them to fpr.realestate@illinois.gov.
3. Your application must be signed. **APPLICATIONS NOT SIGNED AND/OR INCOMPLETE WILL BE RETURNED.**
4. 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. (i.e., 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.**
5. Licensees are required to complete 12 hours of continuing education (CE), including a [Sexual Harassment Prevention Training Course](#). All applicants must complete the Continuing Education Requirements section of the application.

DO NOT SUBMIT CE DOCUMENTATION WITH THIS APPLICATION. RETAIN ALL ORIGINAL CE CERTIFICATES OF COMPLETION/TRANSCRIPTS. IDFPR MAY AUDIT TO VERIFY THAT YOU HAVE COMPLETED THE REQUIRED CE.

NOTE: ADMINISTRATIVE CODE, SECTION 1410.110

An entity who desires to practice as a home inspector or provide home inspections in the State of Illinois in the form of a corporation, Limited Liability Company or legally formed partnership shall submit to IDFPR: an application, fee, list of all owners and partners and Articles of Incorporation, Articles of Organization or other evidence of legal formation.

PRACTICE AFTER THE EXPIRATION OF THIS LICENSE SHALL CONSTITUTE UNLICENSED PRACTICE WHICH COULD RESULT IN CIVIL/ CRIMINAL PENALTIES AND DISCIPLINE OF YOUR LICENSE.



2024 HOME INSPECTOR LICENSE RENEWAL APPLICATION

LICENSE NUMBER:450. _____

License fee on or before: 11/30/2024 \$400
License fee on or after: 12/01/2024 \$450

CHECK HERE IF CHANGE OF ADDRESS

NAME: _____

ADDRESS: _____

ADDRESS LINE 2: _____

CITY, STATE: _____

ZIP: _____

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 the 2024 license term. (CE MUST be completed prior to submission of this reinstatement application.) **DO NOT SUBMIT CE DOCUMENTATION WITH THIS APPLICATION.**
- I AM EXEMPT from the CE requirements in accordance with the Home Inspector License Act.

I have examined this form, and to the best of my knowledge, all statements are true, correct, and accurate. I understand that providing false or fraudulent information could subject me to disciplinary action. I maintain general liability insurance in the amount of at least \$100,000 to cover any losses or claims against me and/or my home inspector entity pursuant to 68 IAC 1410.235. My signature below authorizes the Illinois Department of Financial and Professional Regulation to conduct criminal background investigations.

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.)