

You may now pay this fee Online!



Beginning June 5, 2024, ePay is now 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"

ILLINOIS DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION

DIVISION OF REAL ESTATE
PO Box 7570
SPRINGFIELD, IL 62791-7570
FPR.RealEstate@illinois.gov

**2025 REAL ESTATE CE INSTRUCTOR LICENSE RENEWAL
APPLICATION**

READ THE BELOW INSTRUCTIONS BEFORE COMPLETING THIS FORM ON THE NEXT PAGE

1. **Complete the entire application.** This form is intended for renewal of a current license, if your license is expired DO NOT use this form. Contact the Department at the email address above for the correct application.

Renewal Fee:	Before 6/30/2025:	\$200.00
	After 6/30/2025:	\$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. **Instruction/Training Requirement:**
Instructors must certify to having taught at least 1 elective CE course during the current term of licensure; or successful completion, during the current term of licensure, of a 6-hour instructor training and development course.
5. This form must be signed by the applicant.
6. 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.

2025 REAL ESTATE CE INSTRUCTOR LICENSE RENEWAL APPLICATION

NAME:	LICENSE NO.: 563.
ADDRESS:	
ADDRESS LINE 2:	
CITY, STATE, ZIP:	
EMAIL ADDRESS:	
<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.

INSTRUCTION/TRAINING REQUIREMENT:

- I have instructed at least one elective CE course during the current license term OR have completed a 6-hour instructor training program approved by IDFPR during the current license term.

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.

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.)