

# 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](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: "License by Exam"

**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 MANAGING BROKER LICENSE RENEWAL APPLICATION**

**\*This form is to renew a current managing broker license or a license that has been expired for less than 2 years. If your license has been expired for more than 2 years but less than 5 years, please visit our website to obtain a Restoration Application:**

<https://ildpr.illinois.gov>

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

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

Renewal fee on or before: **4/30/2025 \$250.00**

Renewal fee on or after: **5/1/2025 \$325.00 (includes \$75 late fee)**

2. Payment may be submitted electronically (see ePay cover sheet), or in the form of a check or money order made payable to *IDFPR*. **FEES ARE NON-REFUNDABLE**. If you have any questions after reading the instructions below please email us at [FPR.RealEstate@illinois.gov](mailto:FPR.RealEstate@illinois.gov).
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 WILL NOT BE ACCEPTED**.
4. To renew to an active license status, your license must be actively sponsored. If you are changing sponsors, or are not sponsored and wish to become sponsored with this renewal you must submit a [SPONSOR CARD](#). **This requires a \$35 fee in addition to the renewal fee**. If you wish to renew your license without a sponsor, please check the relevant box on page 2. Doing so will place your license in Inactive status upon renewal.
5. **Continuing Education Requirements: 12 Hours of CE consisting of:**
  - A 12-hour Broker Management CE Course
  - A 6-hour Core course (a 4-hour Core will be accepted if completed prior to 7/1/25), with the remaining hours consisting of Elective courses, including 1 hour of Sexual Harassment Prevention Training. More information about the Sexual Harassment Prevention Training requirement can be found [here](#).

**Do not submit CE documentation with this 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/adding a sponsoring broker with this renewal.

**\*\*\*Check out our WEB SITE: <https://idfpr.illinois.gov/profs/realrest.html> for information regarding IDFPR updates \*\*\* Please Note: 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 MANAGING BROKER LICENSE RENEWAL APPLICATION

LICENSE NO.: \_\_\_\_\_ SPONSOR LICENSE NO.: \_\_\_\_\_  
NAME: \_\_\_\_\_ SPONSOR NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CHECK HERE IF CHANGE OF SPONSOR (Include \$35 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 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 (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\*\_\_  
only if changing sponsoring broker on a Sponsor Card.

\*Required

Designated Managing Broker License #\_\_

**I wish to Renew without a Sponsoring Broker (all CE requirements must be met and the license will be Inactive)**