

You may now pay this fee Online!



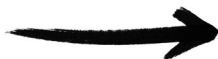
Beginning June 5, 2024, this new payment option will be available for Division of Real Estate licensure related fees.

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: "Non Exam"

HOME INSPECTOR COURSE LICENSE APPLICATION



ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

453-454

Division of Real Estate

PO Box 7570

Springfield, Illinois 62791

fpr.realestateeducation@illinois.gov

Important Notice: Completion of this form is necessary to accomplish the requirements outlined in the Illinois Home Inspector License Act {225 ILCS 441}. Disclosure of this information is **REQUIRED**. Failure to comply may result in this form not being processed. This form has been approved by the Agency Forms Coordinator. For more Information please view <http://www.ilga.gov/commission/jcar/admincode/068/06801410sections.html> Administrative Rules.

Education Provider Name:	Education Provider License #: 452.
Education Provider Address:	Phone:
	Email:
Administrator Name:	Website Address:
Course Instructor Name(s):	Instructor's Home Inspector License Number(s) (if applicable):

Please select the type of course being applied for:

- ☐ Pre-License (453) ☐ CE Mandatory (454) ☐ CE Elective (454) ☐ Sexual Harassment Prevention Training (No Home Study/Correspondence)

Please enter the name of the course - only one course per application (80 characters maximum):

Please enter the total course hours requested:

Please select ONE delivery method for the course being applied for:

<input type="checkbox"/> Live Interactive Delivery (check all that apply)	<input type="checkbox"/> Online Distance	<input type="checkbox"/> Home Study	<input type="checkbox"/> Hybrid Course
<input type="checkbox"/> Classroom <input type="checkbox"/> Interactive Webinar (Live - Simultaneous)	Learning Management System (LMS) <small>*Administrator Level User Name and Password must be provided</small>	Home Study/ Correspondence/Internet (Non-LMS)	Combination of Live Classroom/Webinar and Online Distance <small>(Home Study may NOT be used)</small>

What type of proctored exam will this course require (Home Study/Correspondence Courses):

☐ Paper/Written

☐ Digital/Internet

All course applications must include the following:

- ☐ SUBMITTED IN A LETTER SIZE (8½ X 11) FILE FOLDER LABELED WITH COURSE NAME, EDUCATION PROVIDER NAME AND LICENSE NUMBER TYPED ON THE FOLDER. SUBMIT SEPARATE APPLICATION AND CHECK FOR EACH COURSE.
- ☐ SUBMIT A **NON-REFUNDABLE** APPLICATION FEE OF \$150.00 FOR EACH PRE-LICENSE COURSE, \$100 FOR EACH CE COURSE. A separate check and application is required for each course.
- ☐ INCLUDE THE MATERIALS LISTED BELOW:
 - ☐ COURSE DESCRIPTION
 - ☐ COMPREHENSIVE TIMED OUTLINE (MUST CONTAIN TIME SPENT ON EACH TOPIC AND TOTAL COURSE TIME EXCLUDING TIME SPENT ON EXAM)
 - ☐ LEARNING OBJECTIVES
 - ☐ COURSE FINAL EXAM (MANDATORY FOR CE COURSES AND HOME STUDY/CORRESPONDENCE)
 - ☐ SEPARATE EXAM ANSWER KEY (MANDATORY FOR CE COURSES AND HOME STUDY/CORRESPONDENCE)
 - ☐ COPY OF THE EDUCATION PROVIDER'S WRITTEN PROCTOR AGREEMENT AND EXAM PROCTOR POLICY (MANDATORY FOR HOME STUDY/CORRESPONDENCE)
 - ☐ ANY MATERIALS PROVIDED TO THE STUDENTS INCLUDING, TEXTBOOKS, INSTRUCTOR NOTES, POWERPOINT, ETC. MUST BE SENT VIA USB, DVD OR HARD COPY. **EMAILED DOCUMENTS WILL NOT BE ACCEPTED**
 - ☐ RESUME/BIO OF THE COURSE INSTRUCTOR, AND COPY OF THEIR CURRENT HOME INSPECTOR LICENSE(S) HELD IN ANY STATE (If Applicable)

MAIL ALL MATERIALS TO: IDFP - REAL ESTATE EDUCATION, PO BOX 7570, SPRINGFIELD, IL 62791

As an authorized representative of the licensed Education Provider, I understand that if I provide false or fraudulent information the Education Provider could be disciplined and/or fined. I read this application in its entirety and to the best of my knowledge all statements are true, correct, and accurate.

Authorized Representative Signature

Authorized Representative Printed Name

Date