

You may now pay this fee Online!



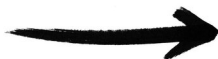
Beginning June 5, 2024, this new payment option will be available for Division of Real Estate licensure related fees.

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: "Reciprocity/Endorsement"



STATE OF ILLINOIS

AUCTIONEER 441

Application for Licensure By

RECIPROCITY

Under the

Auction License Act

Public Act 91-0603

**ILLINOIS DEPARTMENT OF FINANCIAL
AND PROFESSIONAL REGULATION**

**Division of Real Estate
320 West Washington St, 3rd floor
Springfield, IL 62786**

LICENSURE APPLICATION

STATE OF ILLINOIS
ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF REAL ESTATE
fpr.realestate@illinois.gov

Auctioneer Profession

PART I. 1. Application for the following profession and licensure method - Please indicate the profession name (**AUCTIONEER**) for which you are applying. The licensure method is on the basis of **Reciprocity**.
Please read the following to determine the appropriate licensure method.

QUALIFICATIONS/INSTRUCTIONS FOR LICENSURE on the basis of RECIPROCITY:

- a) You must be 18 years of age.
- b) You must have graduated from high school or its equivalent (e.g., G.E.D.).
- c) You must hold a current license, in good standing, in a state with which Illinois has a written agreement for reciprocity.
- d) **Real Estate Auctions**-You must hold a current Illinois Real Estate license in order to conduct real estate auctions in Illinois.

IF YOU DO NOT MEET THE ABOVE QUALIFICATIONS, YOU MUST APPLY FOR LICENSURE ON THE BASIS OF EXAMINATION.

PART II. 1. Name - Please enter your full name.

2. Social Security Number - Your **Social Security number is required** to be on your application. Release of your Social Security number will be in accordance with the Federal Privacy Act of 1974, Section 7(b). The Illinois Department of Financial and Professional Regulation will only release your social security number to the following entities; Illinois Department of Revenue regarding arrearage on Illinois taxes due, Illinois Department of Public Aid regarding delinquent court ordered child support and the Illinois Student Assistance Commission regarding delinquent student loans. Social Security numbers are not public information and will not be released to the general public.

3. Street Address Required – Indicate your complete street address. If you have a P. O. Box you may indicate it in **addition** to the street address. Any subsequent change of address must be submitted in writing to the Illinois Department of Financial and Professional Regulation within 24 hours of the change.

4. Place of Birth – Indicate the city and state in which you were born.

5. Date of Birth – Indicate your complete date of birth.

6. Sex - Indicate F for Female or M for Male.

7. Telephone Number(s) Indicate your daytime and evening phone numbers.

PART III. LICENSURE HISTORY

A. State of Original Licensure – Indicate the state from which you received your original licensure as an Auctioneer.

- 1. Check the correct profession title.
- 2. Indicate the License Number.
- 3. Indicate the Original Issue Date.
- 4. Indicate the Current Status of your auctioneer original state of licensure.

B. State(s) of Current Licensure – Indicate the state(s) for which you currently hold an auctioneer license.

- 1. Check the correct profession title.
- 2. Indicate the License Number(s).
- 3. Indicate the Original Issue Dates(s) for each license.
- 4. Indicate the Current Status of your auctioneer(s) license(s).

C. Other State(s) of Licensure – Indicate the state from which you received your original licensure as an Auctioneer.

1. Check the correct profession title.
2. Indicate the License Number(s).
3. Indicate the Original Issue Date(s) for each license.
4. Indicate the Current Status for each license.

PART IV. Personal History Questions – You must answer each personal history question.

PART VI. Non-Resident Consent and Certifying Statements – Read the certifying statements in their entirety to ensure your understanding. Indicate your printed name, title and date. Affix your signature. All information contained within your application is subject to audit.

PART VII. CERTIFICATION OF LICENSURE HISTORY

1. Please complete the top portion of the Certification of Licensure History. You may duplicate this form as needed. In addition you may wish to contact your states of licensure to see if a fee is required to obtain a certification of your licensure history.
2. Forward the completed form with the appropriate fee (if applicable) to your state(s) of licensure. The form is to be completed by the state verifying your licensure history and returned to you to be submitted with your application for licensure.

CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS – Mark the appropriate box regarding escrow/special accounts. If you do not accept escrow monies and do not hold monies belonging to others then mark the appropriate box and continue with Part C.

Part A – AUCTIONEER/AUCTION FIRM INFORMATION

1. Name of Auctioneer or Auction Firm – Indicate the name of the auctioneer/auction firm.
2. Street Address – Indicate the street address of the auctioneer/auction firm.
3. Name of Responsible Person – Indicate the name of the responsible person
4. Street Address of Responsible Person – Indicate the street address for the responsible person
5. License Number – Indicate the auctioneer/auction firm license number for which accounts are held.
6. Social Security or FEIN Number – Indicate the social security number for auctioneer or FEIN for an auction firm.

Part B – DEPOSITORY AT WHICH SPECIAL ACCOUNT(S) ARE MAINTAINED Please complete a separate consent to examine and audit form for each account.

1. Name and Address of Federally Insured Depository - Indicate the name and street address of the federally insured depository, Bank or Savings and Loan Association at which you maintain accounts.
2. List those Persons Authorized to Withdraw Funds from the Special Accounts – Indicate the person(s) name, title and license number (if applicable) that is/are authorized to withdraw funds from this account.

Part C – AUTHORIZATION TO EXAMINE AND AUDIT

1. Printed Name, License Number and Date – Indicate the printed name of the Managing Auctioneer, their license number and the date for which this form is being completed.
2. Signature – The managing auctioneer is to sign and date the consent to examine and audit.

NOTE. Please read the entire instructions before completing the application. Complete only the necessary steps that apply to you. To obtain assistance in completing this application, please email fpr.realestate@illinois.gov.

Check List

| | |
|--|---|
| <input type="checkbox"/> Licensure application completed & signed | <input type="checkbox"/> Licensure Fee Enclosed |
| <input type="checkbox"/> All personal history questions answered | Total Fee Required Auctioneer |
| <input type="checkbox"/> Certification of licensure | Initial Application Licensure Fee \$200 |
| <input type="checkbox"/> 45 day permit (sponsor card) – completed and signed by Managing Auctioneer. | ALL FEES ARE NON-REFUNDABLE |
| (Auctioneer applicants only) | |
| <input type="checkbox"/> Consent to Examine and Audit – Completed and signed | |

Send application with all supporting documentation and fee to:

Illinois Department of Financial and Professional Regulation
Division of Real Estate
PO Box 7570
Springfield IL 62791
fpr.realestate@illinois.gov



**AUCTIONEER
RECIPROCITY APPLICATION**

Illinois Department of Financial and Professional Regulation
320 West Washington Street
Springfield, IL 62786
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PART I. APPLICATION FOR THE FOLLOWING PROFESSION on the basis of RECIPROCITY

☐ **AUCTIONEER 441**

PART II. APPLICANT'S PERSONAL INFORMATION

| | | |
|--|---|---------------|
| 1. NAME (Last , First and Middle) | 2. SOCIAL SECURITY NUMBER (Required) | |
| | | |
| 3. STREET ADDRESS – (If your mailing address is a P.O. Box, enter street address in addition)-Any change of address must be submitted in writing to the Illinois Department of Financial and Professional Regulation within 24 hours of change. | | |
| | | |
| Street Address and P.O. Box – if applicable | | |
| | | |
| City, State Zip Code | | |
| | | |
| Email | | |
| | | |
| 4. Place of Birth | 5. Date of Birth | 6. Sex |
| | ____/____/____ Month Day Year | ____ |
| City and State | | |
| | | |
| 7. Telephone Number(s) | | |
| | | |
| Daytime(____) ____ - ____ | | |
| Evening(____) ____ - ____ | | |

PART III. Licensure History

| State Of Original Licensure | Profession ____ Auctioneer ____ Assoc/Auctioneer | License Number | Original Issue Date | Current Status |
|-------------------------------|---|----------------|---------------------|----------------|
| State(s) of Current Licensure | ____ Auctioneer ____ Assoc/Auctioneer | | | |
| Other State(s) of Licensure | ____ Auctioneer ____ Assoc/Auctioneer ____ Broker ____ Salesperson | | | |



ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
AUCTION DIVISION
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PART V. PERSONAL HISTORY QUESTIONS (ALL MUST BE ANSWERED) **YES NO**

| | | | |
|----|--|--|--|
| 1. | Are you a high school graduate or have you received a G.E.D.? | | |
| 2. | Are you at least 18 years of age? | | |
| 3. | Have you ever been convicted of any criminal offense in any state or federal court (other than a minor traffic violation)? | | |
| 4. | Have you ever held, or do you currently hold, an auction license in Illinois or any other jurisdiction? | | |
| 5. | Have you been denied a professional license or permit or had a professional license or permit disciplined in any way by any licensing authority in Illinois or any other state/jurisdiction? | | |
| 6. | Are you more than 30 days in arrears on any court ordered child support payments? | | |
| 7. | Are you in arrears on any state taxes due to the Illinois Department of Revenue? | | |

NON-RESIDENT CONSENT

I hereby consent with the IDFP that actions may be commenced against me in a court of competent jurisdiction in this State by the service of summons, process, or other pleading authorized by the law upon the Illinois Department of Financial and Professional Regulation. The consent shall stipulate and agree that service of the process, summons, or pleading upon the Agency shall be taken and held in all courts to be valid and binding as if actual service had been made upon the applicant in Illinois.

CERTIFYING STATEMENTS

I hereby attest to having read and understand the Illinois Auction Licensing Act and Rules and agree to abide by all provisions of the provisions contained therein.

I, the undersigned, hereby submit this application, and upon oath states and verifies that all statements made are true, correct and are made for the purpose of securing a license under the Illinois Auction License Act.

Typed/Printed Name of Applicant

Date

Signature of Applicant

Payment Method

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

___ Check/Money Order. Check# _____

Licensure Method: "License by Reciprocity"



CERTIFICATION OF LICENSURE HISTORY
Illinois Department of Financial and Professional Regulation
Auction 800/560-6420
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COMPLETE ONLY IF YOU ARE/WERE LICENSED IN ANOTHER STATE

APPLICANT: Complete this section only and forward to the state from which you are requesting certification by a licensing agency/board. Contact certifying state for appropriate fee. You are authorized to photocopy this form as necessary.

| | | |
|--|--|---------------------------|
| 1. Name Last First Middle | 2. Date of Birth | 3. Social Security Number |
| 4. Address Street, City State and Zip Code | 5. Maiden or Given Surname | |
| | 6. Indicate Profession for Which You Are Applying: Auctioneer _____ | |
| 7. Telephone Number: (____) ____ - ____ | 8. License Number: _____ | |
| 9. Profession name for which you are licensed in the other state. _____ | 10. Original Issuance Date _____ | |

I hereby authorize _____ to furnish the Illinois Department of Financial and Professional Regulation
Name of State Licensing Agency or Board the information requested below.

Printed Name _____ Signature _____ Date _____

TO BE COMPLETED BY THE LICENSING AGENCY ONLY:

*Other forms of Certification will be accepted, provided all applicable information requested on this form is contained in the Certification. **This completed form MUST be returned directly to the applicant.***

CERTIFICATION OF LICENSURE HISTORY

| | |
|---|--|
| A. Profession Name | B. License Number |
| C. Issuance Date | D. Expiration Date |
| E. License Status ___Active ___Lapsed ___Inactive ___Other (Explain) | F. Reciprocal Registration This State <input type="checkbox"/> does <input type="checkbox"/> does not have a reciprocal agreement with Illinois. |
| G. Is there now or has there ever been any disciplinary action commenced against the above applicant <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| H. If "G" is answered yes, has there ever been any formal sanctions imposed against the applicant's license as a matter of public record including but not limited to fines, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? (If yes, attached a certified copy of disciplinary action.) <input type="checkbox"/> Yes <input type="checkbox"/> No | |

I certify that the information contained herein is true and correct according to the official records of this state.

Printed Name _____ Agency/Board Name, Street, City State, Zip Code and Telephone Number

Signature _____

Title _____

Date _____

EMBOSSSED SEAL



45-DAY PERMIT SPONSOR CARD

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
PO Box 7570
Springfield IL 62791

fpr.realestate@illinois.gov

45-DAY PERMIT SPONSOR CARD

If you will be self-sponsored you must complete the 45-day permit on your own behalf.
This form is required to be completed in order to apply for licensure as an Auctioneer.

SPONSORED LICENSEE INFORMATION

(Note: Must be submitted within 24 hours of Issuance)

CURRENT DATE _____ LICENSE NO. _____

NAME _____ SOC SEC NO. _____

DBA(if applicable) _____

MAILING ADDRESS _____

CITY, COUNTY, STATE, ZIP CODE _____

TELEPHONE NUMBER (_ _ _) _ _ _ - _ _ _ _ EMAIL ADDRESS _____

SPONSORING AUCTION FIRM OR AUCTIONEER INFORMATION

AUCTIONEER OR

AUCTION FIRM NAME _____ LICENSE NO. _____

D/B/A (IF APPLICABLE) _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE NUMBER (_ _ _) _ _ _ - _ _ _ _ EMAIL ADDRESS _____

BY _____ LICENSE NO. _____

MANAGING AUCTIONEER SIGNATURE

Retain two copies, one for the sponsoring auctioneer/firm's records and one for the sponsored employee. If you have any questions, please contact our office at fpr.realestate@illinois.gov.

Return To:
Division of Real Estate - Licensing Unit
PO Box 7570
Springfield IL 62791
fpr.realestate@illinois.gov

***\$25 NON-REFUNDABLE FEE *(NOT REQUIRED FOR NEW APPLICATION)**



CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS
Illinois Department of Financial and Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, IL 62786
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Important Notice: Completion of this form is necessary to accomplish the requirements outlined in Auction License Act [Public Act 91-0603]. 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.

This form is required to be completed by all auctioneer and auction firm applicants whether or not you hold special accounts or escrow monies. Please mark the appropriate box. (This form is also to be used in the event your accounts should change.)

- ☐ I have one or more special accounts, and authorize a representative of Department of Financial and Professional Regulation to examine those accounts. **(Please complete Parts A , B and C of this form.)**
- ☐ I do not accept escrow monies, and do not hold monies belonging to others. Therefore, I do not maintain any special accounts. **(Please complete Part A and C of this form.).**

PART A: AUCTIONEER/AUCTION FIRM INFORMATION

| | |
|--|--|
| 1. Name of Auctioneer or Auction Firm | 4. Name of Responsible Person Other Than the Auctioneer |
| 2. Mailing Address (Street, City, State, and Zip Code) P.O. Box if applicable Email Address: | 5. Mailing Address of Responsible Person (Street, City, State and Zip Code) P. O. Box (if applicable) |
| 3. License number (Accounts held under) | 6. Social Sec or FEIN Number |

PART B: DEPOSITORY AT WHICH SPECIAL ACCOUNT(S) ARE MAINTAINED.

1. Name and Street Address of Federally Insured Depository (Bank or Savings and Loan Association)

- a. Name of Depository _____
Street Address _____
City, State, Zip Code _____
- b. Name of Depository _____
Street Address _____
City, State, Zip Code _____

2. List Those Persons Authorized to Withdraw Funds from the Above-Named Special Account

| Name | Title | License Number (if applicable) |
|------|-------|--------------------------------|
| | | |
| | | |
| | | |

PART C: AUTHORIZATION TO EXAMINE AND AUDIT SPECIAL ACCOUNTS LISTED ABOVE

I hereby authorize the above named-depository to allow, at any time, a duly authorized representative of Illinois Department of Financial and Professional Regulation to examine and audit the above named special account(s). I am one of the individuals listed under Part B (2) above.

| | | |
|-------------------------------------|----------------|------|
| Printed Name of Managing Auctioneer | License Number | Date |
| Signature of Managing Auctioneer | Title | |