

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: "Reciprocity"



AUCTIONEER APPLICATION FOR LICENSURE BY RECIPROCITY

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION DIVISION OF REAL ESTATE

APPLICATION INSTRUCTIONS/QUALIFICATIONS 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 Auctioneer 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 ARE INELIGIBLE TO APPLY FOR LICENSURE BY RECIPROCITY.

If licensee establishes residence in Illinois, the licensee must notify the office of his/her new address.

Please read the below instructions in their entirety before completing this application. For assistance, please email FPR.Realestate@illinois.gov.

1. Type or print legibly with dark ink.
2. Your **Social Security number or ITIN is required** for our identification use only.
3. The items listed below must be completed and submitted with this application:
 - a. Certification by Licensing Agency/Board (alternatively, a Certification of License History issued by your State(s) of licensure will be accepted).
 - b. Consent to Examine and Audit Special Accounts.
 - c. A completed 45-day Sponsor Card, signed by the Managing Auctioneer.
 - d. A **non-refundable** application fee payment of \$200. Fees may be paid electronically (see ePay cover sheet) or mailed in the form of a check or money order payable to IDFPR.

Mail or email completed application with all supporting documentation and fee payment to:

Illinois Department of Financial and Professional Regulation
Division of Real Estate
PO Box 7570
Springfield, IL 62791-7570
FPR.RealEstate@illinois.gov



AUCTIONEER APPLICATION FOR LICENSURE BY RECIPROCITY

**Illinois Department of Financial and Professional Regulation
Division of Real Estate**

Licensed Auctioneer (\$200 Application fee)

Important Notice: Completion of this form is necessary to accomplish the requirements outlined in the Auction License Act {225 ILCS 407}. Disclosure of this information is REQUIRED. Failure to comply may result in this application not being processed. This application has been approved by the Agency Forms Coordinator.

PART I. APPLICANT'S PERSONAL INFORMATION

1. **NAME (Last, First and Middle)** 2. **SOCIAL SECURITY NUMBER or ITIN (Required)**

3. **PERMANENT MAILING ADDRESS – Any change of address must be submitted in writing to the IDFPR.**

Street Address

City, State Zip Code

Email Address

4. **Date of Birth**

Month Day Year

5. **Phone Number**

PART II. Licensure History

State Of Original Licensure	Profession	License Number	Original Issue Date	Current Status
	<input type="checkbox"/> Auctioneer <input type="checkbox"/> Assoc/Auctioneer			
State(s) of Current Licensure	<input type="checkbox"/> Auctioneer <input type="checkbox"/> Assoc/Auctioneer			
Other State(s) of Licensure	<input type="checkbox"/> Auctioneer <input type="checkbox"/> Assoc/Auctioneer <input type="checkbox"/> Managing Broker <input type="checkbox"/> Broker			

PART III. PERSONAL HISTORY QUESTIONS (ALL MUST BE ANSWERED)

	YES	NO
1. Have you graduated high school, received your GED, or other high school equivalency?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been convicted or pled guilty to a misdemeanor or felony, or received an administrative sanction for an offense in any state or jurisdiction? Do not include minor traffic violations. If yes, submit documentation for each conviction, plea, or sanction that includes an official copy of the court or agency document that shows the offense, the final disposition, if probation was served, and whether all conditions of the sentence or sanction have been met. Submit a brief statement indicating what you have been doing since your conviction, release, or offense. Please do not include records, such as juvenile records, arrests without a conviction, or convictions that have been overturned or sealed.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been denied a professional license, permit, certification or had a professional license, permit, or certification disciplined in any way by any licensing authority? If yes, submit a copy of the denial letter and/or statement of discipline.	<input type="checkbox"/>	<input type="checkbox"/>
4. 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.	<input type="checkbox"/>	<input type="checkbox"/>
5. 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.	<input type="checkbox"/>	<input type="checkbox"/>

PART IV. NON-RESIDENT CONSENT/CERTIFYING STATEMENTS

I hereby consent with the IDFPR 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 this Agency. 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 understood the Auction License Act and its Administrative Rules and agree to abide by all provisions contained therein. I 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 Auction License Act.

 Typed/Printed Name of Applicant

 Date

 Signature of Applicant



CERTIFICATION BY LICENSING AGENCY /BOARD
ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
Division of Real Estate
PO Box 7570
Springfield, IL 62791-7570
FPR.Realestate@illinois.gov

APPLICANT: Complete this section only. Forward it 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 if licensed in more than one state.

1. Name Last First Middle	2. Date of Birth Month Day Year	3. Social Security Number.
4. Address Street, City, State, Zip Code Email Address:	5. Maiden or Given Surname	
7a. Name of Profession as it appears on license from the state to which this form is being forwarded.	6. Profession Name for Which You Are Applying:	
	7b. License Number	
	7c. Issuance Date of License	
	7d. Licensed by <input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity	

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

Signature of Applicant: _____

Date: _____

LICENSING AGENCY: Other forms of Certification will be accepted, provided all applicable information requested on this form is contained in the Certification, Return completed form directly to the applicant.

CERTIFICATION OF LICENSE

A. Name of Profession as it appears on license	B. License Number
C. Issuance Date of License	D. Expiration Date of License
E. Current License Status <input type="checkbox"/> Active <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive <input type="checkbox"/> 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 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 fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? (If yes, attach 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.

Signature _____
Print Name _____
Title _____
Date _____

Agency/ Board Street Address, City, State, Zip Code and Telephone Number

EMBOSSSED SEAL



CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS

Illinois Department of Financial and Professional Regulation
Division of Real Estate
PO Box 7570
Springfield, IL 62791-7570
FPR.Realestate@illinois.gov

*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	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. No., ITIN, or FEIN
Email Address: _____	

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 _____



45-DAY PERMIT SPONSOR CARD

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

Division of Real Estate

PO Box 7570

Springfield, Illinois 62791

FPR.Realestate@illinois.gov

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

CURRENT DATE _____ LICENSE NO. _____

NAME _____

DBA (if applicable) _____

MAILING ADDRESS _____

CITY, COUNTY, STATE, ZIP CODE _____

TELEPHONE NUMBER _____ EMAIL _____

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 _____

BY _____ LICENSE NO. _____

MANAGING AUCTIONEER SIGNATURE

Attach completed form to your application for licensure and submit to:

IDFPR - Division of Real Estate

PO Box 7570

Springfield, Illinois 62791

FPR.Realestate@illinois.gov