

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: "License by Exam"



AUCTIONEER LICENSE RESTORATION APPLICATION

Illinois Department of Financial and Professional Regulation
Division of Real Estate
320 West Washington Street, 3rd Floor
Springfield, IL 62786
fpr.realestate@illinois.gov

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APPLICATION INSTRUCTIONS

This form is for applicants with a license that has been expired in excess of 2 years. For applicants with a license expired for less than two years, please visit our website for a renewal application form: <https://idfpr.illinois.gov/profs/auctioneers.html>

1. Type or print in dark ink.
2. The fee for an auctioneer license restoration includes the restoration fee of \$675, and a late filing fee of \$50.00. Payment may be submitted electronically (see ePay cover sheet) or by check or money order, made payable to *IDFPR*. **This fee is non-refundable.**
3. If you are changing sponsors with this restoration, complete the **45-DAY-PERMIT SPONSOR CARD** and include it with your application with an additional fee of \$25.
4. Complete the **CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS** form.
5. Attach proof of passing the Illinois auctioneer license examination in the form a Score Report issued by the exam provider.
Note: Applicants who obtained their initial auctioneer license via reciprocity and are in good standing in the reciprocity state are exempt from the licensing examination requirement. A current Certification of Licensure issued by the reciprocity state **must** be included with this application form.
6. Attach proof of having satisfied the Continuing Education ("CE") requirements in the form of certificates of completion issued by an IDFPR-approved Auction CE School.
 - a. **Continuing Education ("CE") Requirements:** 12 hours of CE taken within 6 months of your restoration and prior to restoring your license. 6 hours must be approved as mandatory, and in addition to a 1-hour Sexual Harassment Prevention Training. You must certify to having satisfied the CE requirements by checking the appropriate box on the application form.
7. Legal name changes must be accompanied with documentary proof. (i.e.; Copy of marriage license, divorce decree, court ordered or amended articles, etc.). We will **not** accept an ID Card or Social Security Card.
8. Send the application, payment and all attachments to the address shown above. Failure to complete and submit all necessary forms will delay processing of your restoration.

If you have any questions, please email us at fpr.realestate@illinois.gov.



AUCTIONEER LICENSE RESTORATION APPLICATION

Illinois Department of Financial and Professional Regulation
Division of Real Estate
320 West Washington Street, 3rd Floor
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Licensee Name:	License Number:
Mailing Address (Street, City, State, Zip Code)	
Phone #:	Email Address:
Check here if change of address	Social Security (or ITIN)# (last four digits only):

ALL PERSONAL HISTORY QUESTIONS MUST BE ANSWERED

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.**

YES NO **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 AFFIDAVIT

I have satisfied the 12 hours of CE required for this restoration (CE must be taken within 6 months prior to the submission of this restoration application) **ATTACH CE COMPLETION CERTIFICATES.**

ATTESTATION AND SIGNATURE

I understand that if I provide false/fraudulent information, I could lose my license, be fined 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.

My signature authorizes a representative of the Illinois Department of Financial and Professional Regulation to examine and audit special accounts that I maintain. In addition, my signature authorizes the Illinois Department of Financial and Professional Regulation to conduct criminal background investigations.

Your Signature: _____ **Date:** _____

Managing Auctioneer's Signature: _____ **Date:** _____



45-DAY PERMIT SPONSOR CARD

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786
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:

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

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 800/560-6420.

Return Original To:
Illinois Department of Financial and Professional Regulation
Division of Real Estate
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786

\$25 Fee*

*(NOT REQUIRED FOR NEW LICENSURE APPLICANT)



CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS

Illinois Department of Financial and Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, IL 62786

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)
2a. Email Address:	
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