

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: "Restoration"

**IDFPR**Illinois Department of
Financial and Professional Regulation

Division of Real Estate

**COMMUNITY ASSOCIATION MANAGER (CAM)
APPLICATION FOR RESTORATION INSTRUCTIONS**

****This form is to restore a license that has been expired for more than 2 years but less than 5 years. To reinstate a license expired for less than 2 years, please contact us at FPR.RealEstate@illinois.gov to request a reinstatement application****

APPLICATION INSTRUCTIONS

1. Complete and print page 2 of this document and mail or email the completed application to the Department at the address below. After reading the following instructions, if you have any questions please contact us at: fpr.realestate@illinois.gov.
2. The Restoration fee is the sum of all lapsed renewal fees (\$300 for each two-year license term) plus a \$50 late filing fee. For example, the total fee amount to restore a license that has been expired for 4 years is \$650 (\$300 for each two-year term, plus \$50).
3. Payment may be submitted electronically (see ePay cover page), or submitted in the form of a check or money order made payable to **IDFPR**. **Cash will NOT be accepted, and all fees are nonrefundable.**
4. 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 (i.e., photocopy of a marriage certificate, divorce decree, or court order). **A COPY OF YOUR SOCIAL SECURITY CARD OR DRIVER'S LICENSE IS NOT ACCEPTABLE.**
5. You must answer all questions on the application.
6. CAM licensees are required to complete 12 hours of continuing education ("CE"), including one hour of Sexual Harassment Prevention Training, prior to submitting an application for restoration. You must certify to having satisfied the CE requirements for this renewal by checking the appropriate box on the renewal application.
7. You must sign and date the application.
8. Please send the completed application and fee payment (or proof of electronic payment) to:

**Division of Real Estate - Licensing Unit
320 W Washington St, 3rd Floor
Springfield IL 62786
FPR.RealEstate@illinois.gov**

*****Check out our WEBSITE www.idfpr.illinois.gov –For pertinent information regarding IDFPR updates*****

Practicing as Community Association Manager after the expiration of your license shall constitute unlicensed practice which could result in civil penalties and discipline of your license.



IDFPR

Illinois Department of
Financial and Professional Regulation

Division of Real Estate

**COMMUNITY ASSOCIATION MANAGER (CAM)
APPLICATION FOR RESTORATION**

LICENSE NO.: 261.

NAME:

ADDRESS:

CITY, STATE, ZIP:

EMAIL ADDRESS:

CHECK HERE IF CHANGE OF ADDRESS

ALL 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.

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 fully complied with the CE requirements for this renewal period. (CE must be taken prior to submitting this application)
DO NOT SUBMIT CE CERTIFICATES OF COMPLETION WITH THIS RENEWAL.

I understand that if I provide false/fraudulent information, I could lose my license, be fined up to \$10,000, 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.

Printed Name

E-mail address

Signature

Date: