

LICENSE APPLICATION WITHDRAWAL

- 1. Complete and print Page 2 of this document you may mail or email the completed withdrawal form.
- 2. The withdrawal form must be signed.
- 3. If you have any questions call 800.560.6420, or email fpr.realestate@illinois.gov.
- 4. Please send the completed withdrawal form to:

Illinois Department of Financial and Professional Regulation 320 W Washington St, 3rd Floor Division of Real Estate - Licensing Unit Springfield IL 62786

or

fpr.realestate@illinois.gov

Check out our WEBSITE www.idfpr.com –For pertinent information regarding IDFPR updates



LICENSE APPLICATION WITHDRAWAL

PLEASE CHECK THE BOX FOR THE PROFESSION OF THE APPLICATION:	
☐ REAL ESTATE ☐ REAL ESTATE APPRAISAL ☐ HOME INSPECTOR ☐ AUCTION	
COMMUNITY ASSOCATION MANAGER APPRAISAL MANAGEMENT COMPANY	
TYPE OF LICENSE BEING APPLIED FOR:	
NAME ON APPLICATION:	
ADDRESS:	
ADDRESS LINE 2:	
CITY, STATE, ZIP:	
PHONE:	EMAIL:
CURRENT STATUS OF APPLICATION:	
RECEIVED A NOTICE OF "INTENT TO DENY" PETITION FOR HEARING FILED	
OTHER (BRIEF DESCRIPTION):	
I hereby withdraw my application for the license type(s) identified above. I understand that if I withdraw this application, the Department of Real Estate cannot refund the fees remitted with this application. Printed Name	
Your Signature	Date: